Address
ON
MEDICAL EDUCATION.

Delivered at the University of Glasgow, on the opening of the Session, Oct. 31st, 1876.

BY DR. McCALL ANDERSON,
PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY.

GENTLEMEN,—It is with some reluctance, and with a keen sense of responsibility, that I rise to address you upon the present occasion; for I cannot forget that the theme which is to occupy our attention has, in former years, been ably discussed by the most distinguished of my colleagues, and that each year the medical journals are flooded with the introductories of those who preside at the opening of the metropolitan and provincial schools. Nor can I see the necessity for opening the medical classes a few days before the public opening of the University; thus depriving the students of medicine of the unspeakable advantage of listening to the words of wisdom and of eloquence which on that occasion are addressed by the Principal to the members of the other faculties.

Since last we met, as you are aware, a change has taken place in our staff of teachers, owing to the resignation of my old master and kind friend, Professor Andrew Buchanan, who leaves us after an incumbency of no less than thirty-seven years, but who will, we hope, continue to aid us by his counsel and to cheer us by his presence in the capacity of Emeritus Professor of Physiology—an honour to which his long years of service have so justly entitled him. Around the name of Dr. Buchanan cluster many pleasant memories in connexion with the earlier years of many of my colleagues, and one of the brightest of these is that of his son, my lamented friend A. B. Buchanan, who was associated with me both privately and professionally in a variety of ways, who was esteemed for his talents, and loved by all who knew him for the amiability of his character and the geniality of his disposition. He was cut off by fever at the dawn of a life of the fairest promise; but, had he lived, he would undoubtedly long ere this have obtained a professor's chair, and shed a lustre upon the medical faculty of this University.

One of the most serious of operations—the sort of *pons asinorum* of young surgeons—is the removal of stone from the bladder, and many varieties of instruments and of methods of operating have from time to time been devised. On the 7th September, 1847, Professor Buchanan read a paper before the Medico-Chirurgical Society of Glasgow on "Lithotomy as performed with a Rectangular Staff." He tells us that his attempts to improve the operation "originated in the perusal of Dupuytren's splendid posthumous work entitled 'Memoir on a New Method of performing the Operation for Stone.'" Endeavouring, in the first instance, to improve upon Dupuytren's bilateral operation, he ultimately devised the mesial operation known as the rectangular method. He claims for it that it is less severe than the lateral operation; that it is more easy and rapid of performance; that the rectum is not endangered; and that there is less danger from hæmorrhage and urinary infiltration. It has long been in favour with Glasgow surgeons.

One of the most obstinate of affections, which has hitherto defied all internal remedies, is lupus erythematodes; and my earlier experience in this respect is fully corroborated by that accomplished dermatologist, Hebra of Vienna, who says that from them he has "never seen a cure result." But, lately, at the suggestion of my friend Dr. Colligan of Paisley, I made use of a remedy hitherto untried in this disease; and what was my astonishment to find that, in a considerable proportion of cases, it removed the affection, at times almost as if by magic. That remedy is the iodide of starch; and it was introduced as a therapeutic agent in the year 1836, by Andrew Buchanan, then junior surgeon to the Royal Infirmary. To the shame of our profession be it said that, at the present day, this remedy has almost fallen into disuse; but I am much mistaken if it does not yet come to be highly appreciated as one of the most valuable of medicines in counteracting constitutional states of strumous or syphilitic parentage.

Did time permit, I might refer to many more of Dr. Buchanan's achievements: such as his investigations into the forces which carry on the circulation; his researches on the coagulation of the blood, and on the cause of the predominance of the right hand over the left,—which, as one of my colleagues has said, "will establish his name as one of the most accomplished thinkers in the department of mechanical physiology." But I have surely said enough to show that his name will long be honourably associated with the reputation of the Glasgow School of Medicine, and that we have every reason to be grateful to him for his labours in the cause of medical science, and to wish him well in his retirement from the active duties of his profession.

The vacancy created by the resignation of Dr. Buchanan has been filled up by the appointment of Dr. McKendrick. Some years ago we gave to Edinburgh its present professor of clinical surgery, Mr. Lister, who, as we anticipated, is now the brightest ornament of its medical school; and it was only fair that Edinburgh should take the earliest opportunity of returning the compliment, which she has done in the person of Dr. McKendrick, who is esteemed, by all who have the pleasure of his acquaintance, a man of wide culture, and one of the first physiologists of the day. Long may he be spared to assist in maintaining and in extending the reputation of the medical school of this University.

Fortunately for us, there are no further changes in our staff of teachers to record; and we are glad to find that we are still to retain the valuable services of the eminent physician in ordinary to the Queen for Scotland.

I am reminded that I am addressing some who have already had the privilege of one or more years of University training, and others who are joining the classes of medicine for the first time, and who are therefore supposed to be more in need of counsel and advice. The student entering upon his labours has sometimes been spoken of as "the embryo medical student." I shall not stop to inquire whether or not the expression is a correct one—my colleague, Professor Allen Thomson, who is a master of the science of embryology, is better able to decide the point than I am—but if it be, then your teachers must be looked upon in the light of specimens of the full-grown bird, of varied plumage it is true, but who are all labouring harmoniously to reach the same goal; and it is accordingly their duty, in the session which is commencing, to sit upon you and to see what can be brought forth. It is sincerely to be hoped that none of the eggs may prove to be addled ones.

I have often heard it remarked, both during my student days and in after-years, that teachers have what are called favourites among their pupils, and that thus an element of unfairness is introduced into their dealings with them, both as regards the privileges which are accorded to them and the rewards which are meted out to them. Now I would be the last person to deny that teachers have favourite pupils to whom special privileges and rewards accrue; but, in ninety-nine cases out of a hundred, it rests entirely with the student himself whether or not he occupies this position, because everyone who conducts himself with propriety, who takes every opportunity of mastering his subject, and who shows that he is really in earnest in his work, is sure to be a favourite with his teacher; so that he who indicates that he is not a favourite simply registers his own condemnation, and a little mental introspection will show him wherein he has failed, and what is necessary to reinstate him in the good opinion of his instructors. Have confidence, then, in your teachers, and be assured that they will do justice to you if you will only do justice to yourselves.

No sooner has the student entered upon the prescribed curriculum and become habituated to the daily routine of work, than, too often, with wistful eye, he begins to look forward, as the end of his journey, to what is merely his entrance upon the stern realities of life—the passing of those examinations which are to qualify him for practice;

and, as each year passes, too often the nightmare assumes a greater semblance of reality, and the nervous trepidation thus engendered is apt not only to prevent him from profiting from the instruction which is afforded him, but also from doing himself justice when the time of trial comes. For such a frame of mind there is no reasonable foundation, because any student of ordinary ability and power of application has nothing to fear; and, if I correctly interpret the views of my colleagues, I would say that what is required of you is, not an *intimate* knowledge of each branch of the medical curriculum, but rather an intelligent appreciation of the great landmarks of medical science, and the power of applying the principles of the profession, in a rational way, to the alleviation and cure of disease.

Since the days of my student life great changes have taken place in the prescribed curriculum and in the subjects of examination, and although I am far from thinking that these are in every way to be commended, I am free to admit that, in two respects at all events, they are on the side of progress—namely, as regards the institution of a preliminary examination, and the giving of greater prominence to the practical departments. That a preliminary examination was urgently called for few can doubt, but if proof is required, it may be found in the answers given to the following questions submitted to candidates by one of the examining boards:—

Quest. What is meant by the antiquity of man?—*Ans.* The wickedness of men.

Quest. The "Letters of Junius"?—*Ans.* Letters written in the month of June.

Quest. The Crusades?—*Ans.* A war against the Roman Catholics during the last century.

Quest. The first meridian?—*Ans.* The first hour of the day.

Quest. To speak ironically?—*Ans.* To speak about iron.

Quest. A Gordian knot?—*Ans.* The arms of the Gordon family.

Quest. The Star Chamber?—*Ans.* Place for viewing the stars.

Quest. To sit on the Woolsack?—*Ans.* To be seated on a sack of wool.

Quest. A solecism?—*Ans.* A book on the sun.

Quest. The year of Jubilee?—*Ans.* Leap-year.

We could have appreciated this last answer all the more heartily had it emanated from one of the female medical students.

The institution of a preliminary examination, giving as it does a guarantee that the student, prior to the commencement of his medical studies, is possessed of some degree of general culture, has rendered the duties of the teacher much less arduous and much more agreeable, while it has attracted to our medical schools men of a higher class, and is slowly ensuring for the medical profession more consideration from the public and a higher social status, and there is little reason to doubt that the tendency of future legislation will be in the direction of insisting upon tests of general education of a more searching kind, although any further changes in this respect must be cautiously and gradually inaugurated.

In former days, if we exclude anatomy, it may be said that the practical departments were almost entirely ignored, and any student possessed of a fair theoretical knowledge of his profession was admitted to practice without any hesitation; but now-a-days matters are improving, for courses of clinical medicine, clinical surgery, and pathological anatomy are obligatory, and the day is probably not far distant when a more extended study of the first two branches will be insisted upon, and when classes of practical physiology and practical pharmacy will form important elements in the medical curriculum.

The visitation of examinations instituted by the General Medical Council, with the view of improving the character, and rendering more uniform the standard, of the examinations conducted by the licensing bodies, has a great deal to recommend it, and at first sight may appear incapable of doing harm. There is, however, a danger in carrying out the scheme, for the examining bodies scattered throughout the country are naturally anxious to be reported upon favourably by the inspectors, while they in their turn must justify their *raison d'être*; the tendency therefore is to put on the screw, and to forget the poor student whose sole prospects in life may be shipwrecked by rejection, while endeavouring to meet with the approbation of the Medical Council and of the profession at large. In this direction, then, we may go too far, and may thus run the risk of polishing the medical student off the face of the earth. It is all very well to say that medical men cannot be too highly educated; but we must remember that many practitioners must be content to spend their lives in remote districts, to engage in constant and harassing work, and with but scant remuneration, and it is too much to ask of them that their professional training should be of a most expensive kind, and of a most exhaustive nature. It is enough if they are moderately well educated, and if they can with safety be entrusted with the care and welfare of the sick. Better far that our scattered populations should have medical attendance of moderate quality, than that they should have none at all. That this is no chimera is apparent from statistics which show that the number of medical men in proportion to the population is less than it was in the early part of the present century, and is steadily decreasing. Dr. Farr tells us that in England the number of medical men in 1851 was in the proportion of 9·7 to 10,000 of the population; in 1861, 8·3; and in 1871, 7·8; while in Scotland for the same years the supply was 7·2, 6·1, and 5·2. Another startling circumstance is that multitudes of persons die annually without having been visited by a medical man at all, although it would be wrong to attribute this solely to the paucity of medical practitioners. Thus, Dr. Russell tells us that in Glasgow the proportion of uncertified deaths during the first three months of the present year was 15½ per cent., while during the three preceding years, prior to the operation of the Friendly Societies Act of 1875, it was no less than 22 per cent. And we all know how much difficulty has been experienced of late in securing the services of efficient medical officers for the army, although this is due in some measure to the fluctuating and uncertain position of that branch of the service, and to a disinclination on the part of our administrators to offer to young medical men sufficient inducements in the shape of status, and emoluments, and permanency of employment.

There is at present a great outcry against the power possessed by no less than nineteen bodies to grant licences to practise, and in favour of what is called the one-portal system—one with which I cannot but sympathise, and I should be pleased to learn that a minimum State qualification was likely to be introduced, having no connexion whatever with the universities or Royal Colleges, and which everyone entering the profession was obliged to possess, leaving the present licensing bodies to bestow their honours upon those who chose to seek them, and who were anxious to engage in the higher walks of practice. At all events, I feel very strongly that it would be undignified upon the part of our universities to continue to regard their degrees in the light of mere licences, and I trust the time is not remote when they will grant them to those only who have passed examinations of a very searching kind, or who have highly distinguished themselves in the science or practice of medicine.

Let me remind you, if you would be successful physicians, that you must endeavour to cultivate your minds in every direction: not to make them mere storehouses of medical science, but of knowledge of every kind, which is to be prized for its own sake, apart from any material advantages which it may be supposed to bring; for the mind resembles the body in this respect, that it craves for and requires a variety of sustenance. With all deference to that estimable body of men, the vegetarians (who, of all men, are alone consistent in their abhorrence of the so-called cruelty to animals), we hold that food derived exclusively from the vegetable kingdom does not conduce to the highest type of physical health, while we all know that a diet from which vegetables are rigidly excluded slowly, but surely, leads to disease and to death. And so it is with the mind: limit its powers to the cultivation of medical pursuits, and sooner or later a sense of weariness and distaste for work is apt to be engendered, and the full vigour of the intellect to be impaired; or still further, to the study of one branch of medicine, and it becomes narrow and cramped, and is unable to grasp the great principles of our profession; and this, I take it, is one of the evils of the indefinite extension of specialties. Let it, then, be an axiom with us that variety of, though not necessarily freedom from, occupation is necessary to our welfare; let us strive at all times to act up to the principle that "whatever is worth doing at all is worth doing well,"

and let us endeavour to take pleasure in our work, for, as Lord Lytton wrote, "Man arrives at his highest state of moral excellence when labour and duty lose all the harshness of effort, when they become the impulse and habit of life, when, as the essential attributes of the beautiful, they are, like beauty, enjoyed as pleasure; and thus..... each day becomes a holiday." But while all this may be true, let us not suppose that the whole of our waking hours can with safety be spent in brain work; in that case both mind and body must suffer deterioration and decay. Let us, therefore, combine amusement and recreation of an innocent and healthy kind with those labours which directly or indirectly lead to professional eminence; let us keep in view those well-known hygienic rules which conduce to good bodily health, and act upon the principle that the mind and the body are so intimately connected that physical well-being is indispensable to the full fruition of the intellectual powers. Alas! how many illustrations from our own experience could most of us give of the sad results of untiring devotion to the pursuit of knowledge coupled with a neglect of the physical wants of our nature.

At the same time, we have all need of being on our guard lest we forget or underrate the priceless value of time. In contemporary history we meet with many striking illustrations of men who have earnestly striven to make the most of their time. Thus the Chancellor D'Aguesseau is reported to have said, "Here are the books that I have composed during the daily five minutes that Madame D'Aguesseau has kept me waiting for dinner during twenty years." I do not quote this incident as an encouragement to other wives to keep their husbands waiting for their dinners, but to show how much may be accomplished if we only keep our shoulders at the wheel and snatch the moments as they fly. For time is like nothing else in this, that it never repeats itself. The sun rises from day to day, and each night the moon takes up the wondrous tale; but the moment passed can never be recalled, nor the misspent hour charmed into life again. Let, then, the inexpressible value of time be indelibly impressed upon your minds, and endeavour at all times to be doing good; for

> "Little drops of water, little grains of sand,
> Make the mighty ocean and the beauteous land;
> And the little moments, humble though they be,
> Make the mighty ages of eternity."

And now, gentlemen, in conclusion, let me ask, what are the qualities which are likely to promote success in after-life?—for it is right that, at the outset of your student life, you should fully realise their nature, in order that you may cultivate them with method and with assiduity. The possession of first-rate abilities doubtless counts for something in the race, but, in the long run, steady and well-directed effort counts for more; therefore be not cast down by the knowledge that your talents are not golden, nor, on the other hand, be unduly puffed up by the supposition that you are possessed of genius, even if such a modest estimate of your talents be correct; and, in any case, cultivate that modesty which is ever allied to true genius, and which in all persons is so becoming. I need not dwell upon the fact that a good knowledge of your profession is an important element, an absolutely necessary element, in the attainment of genuine success, such as can stand the test of scrutiny and of time, as distinguished from the mere tinsel which sometimes casts a glamour over the eyes of an indiscriminating public, and which too often is unenduring; for there is a measure of truth in the moral of the story which I have read somewhere years ago, although I cannot vouch for the truth of it. A medical man of good parts, meeting an unqualified practitioner in the town in which he practised, said to him, "Tell me how it is that you, who have had so little education, and are possessed of no licence, have so many clients, while I, who have had the benefit of a complete university training, and am legally qualified, have hardly any patients at all?" "The explanation is not far to seek. You know that man who is passing; what do you think of him?" "I know him well, and a very stupid fellow he is." 'And this man?" "Yes; he is just such another." And so on, he gave a somewhat similar verdict with regard to the first nine men of their acquaintance who passed. But when the tenth came, the medical man said, "Now that is a clever man; he is well educated, and is possessed of excellent abilities and sound judgment." "Well, you see," said the quack, "that accounts for the apparent anomaly; the clever man consults you, while the nine fools come to me." But, for all that, the good man ultimately comes to the front, because the profession is not so easily blinded, and the verdict of the profession slowly but surely permeates and influences society at large. As Sydney Smith has observed, "There is but one method" of attaining distinction, "and that is hard labour.....There are many ways of being frivolous, and not a few of being useful; there is but one mode of being intellectually great."

In addition to cultivating a general knowledge of your profession, let me advise you to take every opportunity of studying special branches of knowledge, such as diseases of the eye, the skin, the throat, the ear, mental diseases, diseases of women and children, and the like; not with the view of practising in a limited department, for an exclusive specialism is, with but few exceptions, to be avoided, although the ultimate restriction of practice to one of the three great departments of medicine, surgery, or obstetrics, is in many cases to be encouraged; but with the view of incorporating the knowledge thus obtained with your general professional acquirements, in which case it is invaluable, and is an important element in a successful career. And here let me advise you to leave no stone unturned to qualify yourselves in such a way as to be eligible for the numerous subsidiary appointments which it is in the power of your teachers to bestow; above all, the appointments of resident medical officers in our hospitals, the value of which is incalculable, and should be aimed at by everyone who wishes in after-life to distinguish himself in the practice of his profession. This opinion is fully endorsed by Professor Andrew Buchanan, who, in a short sketch of his professional career, says: "The most valuable part of my education by far was derived from a residence in the Glasgow Royal Infirmary. I was then at an age when I was capable of taking advantage of such opportunities, and I left the hospital with a more ample experience of disease in every form, and a more thorough knowledge of the practical resources of the healing art, than I could have acquired from a whole lifetime of ordinary medical practice." I think, on inquiry, you will find that almost every teacher of any eminence in the practical departments has had such a training in early life, and I am surprised that a larger proportion of students do not strive to obtain these prizes, for which medals and honorary certificates are but sorry substitutes.

But even this is not of itself sufficient to ensure distinction, for we find amongst men who have had all these advantages that some are eminently successful, while others only attain to positions of mediocrity. And this leads me to say that other qualities are necessary, amongst which I would place in the front rank that of unselfishness, a desire to do good for its own sake; that of tact, which enables a man to do and say the right thing, or to withhold his hand and to put a bridle upon his tongue at the proper time and in the proper place; that of common sense, with which but few men are immoderately endowed; and of sympathy with the sorrows and sufferings of those around us—not of that spurious kind which rises so readily and so cheaply to the lips, but genuine sympathy which springs from the heart and shows itself in every word and in every act; for, as a dear friend of mine has truly observed, "A medical man is nothing if he is not sympathetic." In a word, let us strive to imitate the example of the Great Physician, who sympathised with our sorrows and with our griefs, and who went about doing good.

In entering upon your duties here, in submitting to the discipline involved in a university life, and in accepting the guidance of your teachers, some of you may perhaps feel that you are in a measure surrendering your liberty, for the human mind has ever been impatient of control; but, if I am not far mistaken, the time will come when, with regret, you will recall the days when, instead of having had, unaided, to control yourselves, you were controlled by others, and when all care and anxiety was borne by your teachers. Then, perhaps, you may realise the fact that there is no real liberty save that which results from a conscientious discharge of duty, no real and enduring pleasure save that which flows from the consciousness that you are contributing to the world's good and promoting the interests of your fellow-men. For "the true philosophy of life is the endeavour to realise our aspirations, to live our best thoughts, which, like wandering angels, visit us in our better moments."

HARVEY AND CESALPINUS.

A HISTORICAL FRAGMENT.

BY SAMPSON GAMGEE, F.R.S. EDIN.,

SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM, FOREIGN CORRESPONDING MEMBER OF THE SOCIETY OF SURGERY OF PARIS.

"WHO discovered the circulation of the blood?" is a question to which the majority of well-informed persons would answer, "William Harvey." Nor would the reply of professed physiologists, in this country at least, be different.

Prof. Ceradini, of Genoa, has recently* published an elaborate monograph advocating the prior claims of Cesalpinus, and, after honouring him with a monument in Rome, it is proposed to insert a tablet to his honour on the portals of the University of Pisa, in which he taught for some years before he took up his residence near the Vatican, as physician to Pope Clement VIII.

This plea on behalf of Cesalpinus is only a revival. Moreri,† so early as 1732, urged on his behalf, that "it would be robbing him of a very precious glory not to mention that he had known the history of the circulation of the blood."

A few dates are here essential. Cesalpinus was born at Arezzo in Tuscany in 1519, and died in Rome in 1603, his chief works having been published from 1569 to 1593. William Harvey was born in 1578, went to Padua in 1598, returned to England in 1602, was appointed lecturer on anatomy and surgery to the College of Physicians in 1615, published his "Exercitatio Anatomica de Cordis et Sanguinis Motu" in 1628, and died in 1657. Thus Cesalpinus' work was accomplished before Harvey's had begun.

Cesalpinus knew the pulmonary circulation, as Servetus and Realdus Columbus had done before him, though independently. Cesalpinus first employed the word "circulation," and certainly went far, by experimenting and reasoning, to demonstrate the greater, or systemic, as well as the lesser, or pulmonary, circulation. Considering, as the Italians claim, that their illustrious countryman had proved and knew the whole doctrine, the question remains, Did the world learn it from him? or did the great truth, so far as he was concerned, lay dormant in his folios until exhumed by the learned of succeeding generations?

That Harvey's essay is a model of clear and concise reasoning has never been questioned, and Buckle's‡ claim is incontestably a valid one—that the discovery of the circulation of the blood was first made *perfectly intelligible* by Harvey.

Cesalpinus was a great naturalist, who spent his long life as a student § Harvey toiled through a busy, restless life, and fought his way, winning renown for himself and his doctrines by energy of resolve and eloquence of pleading. If he was not by his contemporaries reputed to be the author of the doctrine of the circulation, how was it that, after he left Padua, the great theme of discussion was "De Paradoxo Harvejano"? Why did John Rolan, the learned professor of the University of Paris, specially confute him? Why did Leichner in 1646 entitle his essay "De Motu Sanguinis, Exercitatio Anti-Harveiana"? Why did Zacharia Sylvius, in 1648, say, in the preface to his edition of Harvey's work, "*Novam* quandam et *inauditam* de motu cordis et circulatione sanguinis sententiam"?

It seems to me unanswerable that, by the verdict of his contemporaries and immediate successors, Harvey was the reputed discoverer of the circulation. They—the world—learned the new doctrine from him.

If this be conceded, the question is still open, Did Harvey discover all the doctrine he taught? He gives credit to Galen, to Realdus Columbus, and a few others, but makes no mention of Cesalpinus; but there is no proof that he knew his works. Certain it is that great works were published in Italy at that time, which obtained very little circulation and remained comparatively unknown—to wit, Ruini's "Anatomia del Cavallo," which contains a most extraordinary sketch of the circulation of the blood. This marvellous passage, so far as I know, never attracted attention until my friend Professor Ercolani, of Bologna, set it forth, with justifiable national pride.

That Harvey was, however, under greater obligation to his predecessors than he had the candour to acknowledge, there is some reason for believing. In the first paragraph of his introduction he says, "As we are about to discuss the motion, action, and use of the heart and arteries, it is imperative on our part to state what has been thought of these things by others in their writings, and what has been held by the vulgar and by tradition, in order that what is true may be confirmed, and what is false set right by dissection, multiplied experience, and accurate observation." In this admirable spirit of intended candour did Harvey begin his work; he concluded it in a very different disposition, if we are to judge from the last paragraph in his dedicatory letter to his very dear friend Dr. Argent, the excellent and accomplished President of the Royal College of Physicians. "I had no purpose to swell this treatise into a large volume by quoting the names and writings of anatomists, or to make a parade of the strength of my memory, the extent of my reading, and the amount of my pains; because I profess both to learn and to teach anatomy, not from books but from dissections; not from the positions of philosophers, but from the fabric of nature; and then because I do not think it right or proper to strive to take from the ancients any honour that is their due, nor yet to dispute with the moderns, and enter into controversy with those who have excelled in anatomy, and been my teachers."

I submit, with much deference, it was not a question of detracting or disputing, but of doing justice. To his president Harvey disavows the study of literature; in his introduction he as clearly tells us that he purposes devoting himself to working up the literature of his subject.

International jealousy apart, it would be most interesting to follow up the steps of the great discovery—one of the most gradual of any of the great discoveries of truth. The present fragment is only put forth as a suggestive contribution, but not without hope that some leisure may allow of its development, if it should be deemed worthy of it.

Birmingham.

* THE LANCET, Nov. 4th, 1876, p. 663.

† Le Grand Dictionnaire Historique; nouvelle et dernière édition, en 10 vols. Paris, 1732. Art. Cesalpinus. Vol. ii., p. 675.

‡ Miscellaneous and Posthumous Works, vol. ii., p. 203. London, 1872.

§ "La vie du botaniste d'Arezzo s'est écoulée toute entière dans le silence du cabinet." (Nouvelle Biographie Universelle. Paris: Firmin Didot, 1854. Vol. ix., p. 439.)

SALICIN IN ACUTE RHEUMATISM.

BY A. B. R. MYERS,

SURGEON 1ST BATT. COLDSTREAM GUARDS.

THE interesting additional report of Dr. Maclagan, in THE LANCET of October 28th, on the Treatment of Acute Rheumatism by Salicin, will probably act as a stimulus to others to test for themselves its efficacy in this as well as in other diseases; and as to Dr. Maclagan is due the credit of first bringing it to the notice of the profession as a valuable remedial agent in rheumatism, it is to him that many will naturally look for guidance in its administration.

What, then, has been the result of his further experience? In a few words it may be said that he has such complete confidence in its efficacy that he has no doubt that salicin or salicylic acid, in large and frequently repeated doses, will ultimately become the only treatment of acute rheumatism. In addition, he prophesies that in the next generation valvular disease by its aid will be much less common than it is at present. Let us hope so; but is it too much to prophesy, from oft-repeated experience, that *even* salicin will by that time have had its day, and have given place to something new? No one, however, who has studied the now accumulated evidence of English and German physicians could well doubt the efficacy of salicin and salicylic acid in reducing temperature and checking the course of rheumatic fever, though probably further investigation will somewhat modify the opinion of the time when Dr. Broadbent was able to state (*vide* THE LANCET of April 8th, 1876) that, "according to the present experience, rheumatic fever, when treated by this drug, is an affair of two or three days."

It becomes, then, a matter of much importance to know

not only how large a quantity may be given without producing deleterious effects, but also how little may be given to obtain its maximum benefit.

Dr. Maclagan has clearly proved that salicin is at least a very harmless alkaloid; for he gave it to one patient in doses of thirty grains every hour for apparently the greater part of twenty-four hours (this hourly dose having been ordered in the morning and continued in the evening), and to another twenty grains every two hours for three days. Indeed, it seems a pity that in these cases we have not been informed of the total quantity administered. It may naturally, then, be asked, Is this quantity really necessary? And it is a question of some importance in a pecuniary sense, owing to the present great value of salicin (retail price, 8s. per oz.) Dr. Maclagan's recent experience leads him to this conclusion; but as it seems to me that a comparison of his last published series of cases with the first does not bear this out, I trust he will excuse me for making the following one, and especially as, when referring to an early case of treatment in which the temperature rapidly declined under twelve-grain doses every three hours, he stated that the result exceeded his most sanguine expectations.

First Series (THE LANCET, April 4th, 1876).

	Day.	Temperature.	Dose.	Result.
CASE 1.	First	102·8° (before treatment)	12 gr. every three hours	
	Second	99·6	" " "	
	Third	98·5	12 gr. every four hours	Pain all but gone.
CASE 2.	First	101·6° (before treatment)	12 gr. every four hours	
	Second	102·2	" three "	
	Third	99·0		Quite free from pain.
	Fourth	98·5		Feels quite well.
CASE 3.	First	102·5° (before treatment)	15 gr. every two hours	
	Second	99·5		
	Third	98·3		Almost free from pain.

Second Series (THE LANCET, October 28th, 1876).

	Day.	Temperature.	Dose.	Result.
CASE 1.	First	102·0° (before treatment)	20 gr. every two hours.	
	Second	102·3 (morning)	30 gr. every hour.	
	"	101·2 (evening)	" "	
	Third	98·5	Continue salicin.	
	Fourth	97·8		Feels quite well.
CASE 2.	First	101·9° (before treatment)	20 gr. every two hours.	
	Second	102·5	" " "	
	Third	100·2	" " " while awake.	
	Fourth	99·2	" four times a day.	
	Fifth	97·1		Feels quite well.
CASE 3.	First	103·8° (before treatment)	15 gr. every hour for three doses, then every two hours.	
	Second	102·8	15 gr. every two hours.	
	Third	99·6	" " three hours.	
	Fourth	98·2		Quite free from pain.

These cases are taken in rotation, and no doubt Dr. Maclagan has given them as good instances of the efficacy of the drug. Though there is much similarity in the daily change of temperature in each series, the earlier cases, in which smaller doses were administered, appear to me to have the advantage, and tend rather to prove that the larger quantity is unnecessary.

With regard to salicylic acid, Dr. Maclagan believes it to be as efficacious as the alkaloid, but more irritating to the alimentary canal. On economical grounds this again is an important matter, its price being only 1s. 6d. per oz.; but, owing to the above disadvantage, and to the fact of the coarser kind being liable to contain carbolic acid, it may be well to bear in mind the warning of Dr. Wolffberg. He states that the internal use of salicylic acid is not unattended with danger. He found hæmorrhagic erosions in the mucous membrane of the stomach and intestines in several persons who had died after taking the acid made up into wafers; and in the large intestine of a dog, which had had an enema containing two grammes suspended in forty grammes of water, there were numerous hæmorrhagic ulcerations.

Coldstream Guards Hospital, London.

DESCRIPTION OF A NEEDLE-VACCINATOR.

BY JOHN SHORTT, M.D.,
SURGEON-MAJOR, MADRAS ARMY.

I HAVE much pleasure in submitting the accompanying drawing of a needle-vaccinator that has been in use in the Vaccination Department of the Madras Presidency for the past eleven years, during which period an average of 293,333 operations have been performed annually with this instrument. The needle-vaccinator consisted of four sewing-needles, size No. 8, tied together and secured in the shaft of a quill with sealing-wax, and it has hitherto proved a very efficient instrument for the department, both as to results and in economy of vaccine lymph; but the drawback we had hitherto to contend against was owing to the temporary handles constantly getting out of order, and giving trouble to the vaccinator. The sealing-wax became brittle after a time, and chipped off in flat pieces, and the needles could not be taken out and cleaned. They got rusty and broke off at the level of the wax. To remedy these defects I had this instrument constructed for me by Messrs. Krohne and Sesemann, of Duke-street, Manchester-square, London, in June, 1875. It is made of German silver, compact and strong, at one end of which the needles are not only secured, but from which they can be taken out after the daily work of vaccination is over, and cleaned and oiled to keep them from getting rusty, whilst the opposite end contains a tube to hold spare needles, charged and empty capillary glass tubes, so that the vaccinator is completely equipped for work.

This instrument with care will, subject to the renewal of the needles as required, last the vaccinator all his service. I find that it realises all I anticipated of it as a vaccinator, and in revaccinating no other instrument is required. The vaccinator is held obliquely, like a pen, between the thumb and forefinger, and with the needle-points the vaccine vesicle is gently ruptured at one end, and in a few seconds the lymph is seen to collect in the wound in the form of a bead, and in which the needle-points, the vaccinator still being held obliquely, are dipped. When sufficiently charged, three or four pricks are made on the arm of the child intended to be vaccinated, and then the needles are again inserted into the lymph and gently applied over the punctures. On pricking the surface the resilient skin readily wipes out the lymph that coated the needle-points. There is seldom or never any bleeding. The skin at the seat of puncture becomes slightly raised; this elevation is more seen than felt, and a blood point may become visible at each insertion.

The Madras Government has now approved of this needle-

vaccinator, and has sanctioned its being supplied to the whole department.

By vaccinating with these needles a very great saving of vaccine lymph is effected, as all that is required is to coat the five points of the vaccinator two or three times. The operation is by no means painful when properly conducted. Frequently the child laughs at the vaccinator whilst he is operating; and, as regards efficiency and success, this instrument will stand comparison with the best of its kind, and I challenge a more useful, economical, and valuable instrument being produced for the purpose.

I daresay Messrs. Krohne and Sesemann will be prepared to show the needle-vaccinator to anyone who may wish to see it; and I request such of my brethren who may desire to give this instrument a trial to throw aside all prejudice and test it fairly. I am certain they will be well satisfied with the result. In conclusion, I have one suggestion to make, and that is, the instrument may with advantage be shortened by half or one inch.

Madras.

DR. SHORTT'S VACCINATOR.

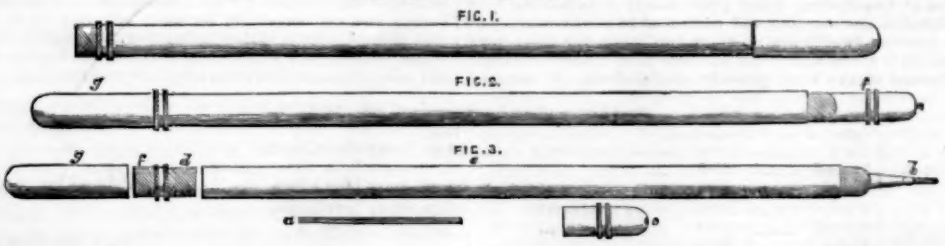

Fig. 1, Complete Vaccinator closed.
Fig. 2, Vaccinator ready for work. *f*, Screw for securing needles. *g*, Cap for protecting needle points.

Fig. 3. *a*, Needles. *b*, Inserted into handle. *e*, Screw for securing needles. *d*, Screw plug for capillary tube case. *c*, Capillary tube case. *f*, Screw plug for securing needle protector whilst at work. *g*, Needle protector.

OBSERVATIONS ON THE TREATMENT OF MALARIOUS DISORDERS.

BY J. B. SCRIVEN,
CIVIL SURGEON, OF LAHORE.

IT has often been remarked, contrasting Indian fevers with those of England, that we have a great advantage in dealing with the Indian, inasmuch as most of them are controllable by quinine; and thus much is true. But, on the other hand, we are under the disadvantage that the cause of malarious fever is widely spread, permanent, and irremovable, whereas the causes of typhus, typhoid, and relapsing fever are local, temporary, and removable. Besides which, most of the English fevers afford a certain amount of protection against their own recurrence, whereas a previous attack of malarious fever is the strongest of all predisposing causes. Hence, however powerful the specific remedy, quinine, we scarcely hope permanently to cure malarious fever, so long as the patient remains in a malarious country. Quinine is, doubtless, a powerful prophylactic as well as a curative agent; but, in my own practice, it has always appeared to lose its effect when taken habitually for a long time, though I have met with a few people who have attributed long immunity from fever to this mode of using the drug. Arsenic is unquestionably useful, and the liquor arsenicalis, long continued, is what I most commonly prescribe in the more chronic cases, for the purpose of warding off attacks of intermittent. The infusion of eucalyptus has not yet been sufficiently tried in India, and the effect of its cultivation cannot be decided for many years to come.

To leave the malarious country, in fact, seems to be the only remedy to be depended on for a permanent cure. The effect of change of residence in India, however, is often very remarkable. I myself suffered from intermittent fever in the year 1852 at Meerut, which was reputed one of the healthiest places in the north-west. In the same year I went down with my regiment to Burmah, and lost the fever for eighteen years; yet Burmah was probably a much more malarious country than the north-west of India. During these eighteen years, I lived six and a half in Calcutta and eight in the Punjab, and it was in the last-named province, which in climate much more nearly resembles Meerut than the two other places, that I again became liable to fever. Instances of this kind are not uncommon, though so long an immunity, worked by change of climate in India, has only been brought to my notice in my own case.

Next, therefore, to complete removal from malarious influences, I have come to look upon change of residence as the most potent and most permanent remedy. The change should be either to a hill climate, or to some distant part of India, as from the Punjab to Madras; though there is indeed some danger of dysentery being substituted for fever when the change is from a very dry to a damp climate. It is probable that the less extreme alternations of temperature in Burmah and Madras may have much to do with the beneficial effect of such a change.

The most difficult cases of all are those in which the fever has become established, but the patient is unable to leave the district. In these cases, a lasting immunity, such as I experienced from going to Burmah, is scarcely to be hoped for. I have already, in two former papers (LANCET, April 29th and Aug. 5th), spoken of the hypodermic injection of quinine. I desire now to speak of another very important remedy, which I believe is comparatively little known in its application to malarious fever, though it was formerly much used for sundry disorders of the liver. I allude to the nitric-acid bath. Eighteen years must have elapsed since my friend and former colleague, Dr. A. J. Payne, of Calcutta, wrote a very interesting paper in the "Indian Annals of Medical Science," on the nitric-acid bath in malarious epilepsy. For many years no such cases presented themselves to my notice; for from this category, of course, must be excepted the children's convulsions, which so commonly usher in paroxysms of intermittent, but have not yet become habitual. In December, 1871, however, I was called to see a boy about seven years of age, whose fits, occurring several times in the day, and threatening soon to destroy either intellect or life, were distinctly referable to this cause. I at once ordered the nitric-acid bath, half an ounce to each gallon of water, at 102°. He was to sit in this, up to the throat, for ten minutes every night before going to bed. Improvement was marked from the time he began it. The fits gradually became less frequent, and the boy was soon restored to very fair health, not, however, without some impairment of intellect. A more complete cure than this I also remember in a girl about eighteen years of age.

It was in the autumn of 1872 that the fever at Lahore became so virulent that I began to try new modes of treatment, of which one was the hypodermic injection of quinine; but as this was rather a severe remedy for children, I thought the nitric-acid bath, which was so decidedly beneficial in malarious epilepsy, might also prove effectual in other forms of malarious disorder. I have since used it with the best effect in a vast number of cases. For children it is an extremely pleasant remedy, though it often produces a slight irritation of the skin. They generally sleep soundly after it, and rapidly improve in health. It is always necessary, I think, to continue the baths daily for at least a fort-

night, often for a month or six weeks. With adults, of course, it is less manageable, but, I believe, not less efficacious. In one case, of a gentleman who had suffered much from fever, and was greatly reduced in strength, but was unable to leave Lahore, I administered quinine by the mouth for the immediate arrest of the disease, afterwards injected it subcutaneously, and also prescribed the nitric-acid bath. The three remedies combined had a very marked effect, and he remained free from fever for a long period, I think a year.

I have further found this remedy useful in other diseases resulting from malaria—in the white diarrhœa, so common in India in the cold weather, and even in the chronic stage of acute dysentery. The most remarkable case of this kind that I have met with, was that of a child between two and three years of age, who came to Lahore so far gone from dysentery that the feet were œdematous and the child unable to walk. A course of these baths was continued about eight weeks, sulphuric acid was given internally, and occasional doses of quinine. This treatment brought her into tolerable health, and the cure was completed by her coming home to England.

The chronic enlargement of the spleen which results from intermittent fever ought, I think, to be always treated by topical applications, in addition to the general treatment for the malarious condition. Repeated blisters are often useful in grown people, but they interfere with the use of the nitric-acid bath, and are otherwise inconvenient. Nothing seems to me to answer so well as iodine paint, ten, twenty, or thirty grains to the ounce of rectified spirit, according to the age of the patient or the irritability of his skin. This should be applied once a day till the skin becomes a little sore, then suspended, and reapplied.

As pure nitric acid is very expensive, it may be well to add that, in India, I have found the impure acid, which is very cheap and readily procurable in the bazaars, quite good enough for the acid bath. It contains a little hydrochloric acid and iron. A wooden tub should, of course, be used in preference to a metal one, or, in the absence of this, an earthen vessel, known as a *naund* or *gumla*, answers well for children.

St. James's-square, S.W.

CASE OF HERNIA CEREBRI TREATED BY A PLASTIC OPERATION.

BY JAMES E. ADAMS, F.R.C.S.

BELIEVING the treatment adopted in the following case to be new, and eminently calculated to be of service in a certain class of cases, I venture to place on record a few details respecting it.

A little Hebrew girl, about seven years old, was admitted into the London Hospital, under my care, early in the present year, having fallen from a second-storey window to the ground, and sustained a compound comminuted fracture of the skull in the right fronto-temporal region, the wound in the skin being just anterior to the edge of the hairy part of the scalp. The bone was extensively comminuted, the dura mater wounded, and brain-matter had escaped. Some of the loose pieces were removed and some depressed parts elevated, but the injury appeared to be so severe that little hope of the child's recovery was entertained. Contrary to expectation, however, the patient, after passing through a variety of interesting phases, at the end of three months appeared to be in perfect health, with a granulating pulsating mass, as big as half a hen's egg, projecting above the level of the skin of the forehead just in front of the anterior end of the temporal ridge, with the skin firmly adherent to the edges of the opening in the bone. Pressure with strapping only had the effect of flattening the mass without reducing its bulk, merely spreading it out. I now determined to try the effect of protecting this with the tissues of the scalp. The adherent skin was detached, and a piece of the scalp, exactly corresponding to the space to be covered, was transplanted to the required spot. Great attention to all the usual necessary details was given, but, as each plastic operation must of necessity differ from all others, it is useless to describe them here. Suffice it to say that the transplanted part united perfectly, and the gap in the scalp where the covering was taken from granulated slowly, being assisted in the process by numerous graftings.

The child is now running about the streets, presenting a rather remarkable appearance on account of the hair growing on the transplanted piece. The size of the projection is much diminished, and no pulsation can be felt thorough the skin.

Finsbury-circus, E.C.

ON A NEW METHOD OF TREATING FRACTURED CLAVICLE.

BY ALFRED EDDOWES, M.D. EDIN.,
HOUSE-SURGEON TO SALOP INFIRMARY.

THE difficulties connected with the treatment of fractured clavicle, and the frequently unsatisfactory results obtained, have led me lately to pay special attention to this subject. I have accordingly devised a mode of treatment which so far bids fair to be productive of much more satisfactory results than have hitherto been obtained.

The apparatus, which has been made for me by Messrs. Hooper and Co., of Pall-mall, consists of an india-rubber pad, which can be easily fixed in the axilla, and inflated at will.

To fix the apparatus, as shown in the above engraving, I make use of three handkerchiefs. Placing the air-pad (previously surrounded by cotton-wadding or lint) uninflated in the axilla of the affected side, one handkerchief is passed across the opposite shoulder, and its ends tied to the loops at the extremities of the pad, in order to keep it in position. A second handkerchief is then passed round the neck, forming a sling, in which the hand and forearm are suspended. A third handkerchief is folded like a shawl, and passed round the body in such a way as to compress the elbow against the side, and two of its ends tied tightly against the ribs of the opposite side. The remaining corner of the handkerchief is then brought right round the bend of the elbow and stitched to that part which is fixing the elbow to the side. This having been done, the air-pad is inflated as much as may be deemed necessary, the escape of air being prevented by one or two turns of the screw at the end of the tube. The tube may then be passed round the outside of the arm and fastened in the loop for it at the end of the pad.

The great advantages of this over other modes of treatment are that the pad, which may be inflated to any size requisite, thus exercising a constant and gentle leverage of the shoulder upwards and outwards, causes no injurious pressure upon the vessels and nerves, and consequently no discomfort to the patient.

THE town of Lewes has been provided with a hospital for infectious diseases, which was recently inspected by the medical officer of health.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

A CASE OF ACUTE RHEUMATISM TREATED BY SALICIN.

(Under the care of Dr. GREEN.)

THE following cases should be read in conjunction with Dr. Maclagan's contribution (Oct. 28th, page 601), to which they form a not unimportant sequel. The occurrence of such cases as Dr. Green's and Dr. Tuckwell's certainly tends to create a doubt whether we have, after all, in salicin or salicylic acid, a safe specific for all forms of acute articular rheumatism.

For the notes we are indebted to Mr. W. P. Biden, assistant medical officer.

J. V——, a policeman, aged twenty-three, was admitted on Sept. 8th with acute articular rheumatism. His father was subject to rheumatism; he himself had been in the police force three years, and had consequently been much exposed to the weather; but he was always well clothed. Was temperate, and lived well. Was quite healthy till December, 1875, when he had his first attack of rheumatic fever. This lasted five weeks, the knees, ankles, hips, and shoulders being principally affected. He was treated at this hospital. The temperature on admission was 102°, and ranged from 100° to 101·5° during the first week, after which it slowly fell, with daily intermissions of one degree, to normal by the end of the fourth week. It was doubtful whether there had been any cardiac complication. The treatment was by alkalies. He made a good recovery, and from that time he was quite well till the present attack.

On Sept. 6th, 1876, the present attack came on without any assignable cause, the ankles and knees being first affected. His symptoms increased in severity, and he applied at this hospital and was admitted on Sept. 8th. He was a florid, well-nourished man; complained of pain in the first metacarpo-phalangeal joints, across the insteps, and in the ankles and knees. These parts were swollen and tender, not reddened; skin hot and moist, but not markedly perspiring; temperature 101·4°. The conjunctivæ were injected, and he complained of smarting. Heart's apex-beat was in fifth space one inch inside the left nipple-line, somewhat heaving; dulness normal; no thrill or murmur; respiration natural; urine scanty and high-coloured, with a trace of albumen. Ordered milk and beef-tea diet, a pill containing half a grain of ipecacuanha, a grain and a half of blue pill, and three grains of compound rhubarb pill, and to have fifteen grains of salicin every two hours; the painful joints to be wrapped in cotton-wool.

Sept. 9th.—He did not sleep at all during the night, on account of the pain, which this morning is very severe. The right hand and wrist are now affected. Has been perspiring freely; sweat acrid. Heart as before; pulse 100, full and bounding. He commenced taking the salicin (fifteen grains) at 10 P.M. yesterday, and has continued it every two hours since. At 10 last night the temperature was 102·6°, at 9 this morning it had fallen to 101·8°; at 2 P.M. it was 101·4°, at 7 P.M. 100·4°, and at 11 P.M. 101°. On account of the severity of the pain, the dose of salicin was increased at noon to-day to twenty grains every two hours. At midnight the pain was still severe, and he complained of feeling worn out for want of sleep. Ten grains of Dover's powder ordered.

10th.—Slept fairly well during the night; lower extremities less painful, but the right wrist is worse, and the elbows and left hand and wrist are affected; tongue brown at edges, a white creamy fur along the dorsum; bowels have not acted yet, but were moved copiously after a second dose of saline aperient draught; skin hot, perspiring freely, less acrid; urine more copious, paler, gives a purple precipitate with solution of perchloride of iron; heart as before. Temperature, at 10 A.M., 102°; pulse 108, full and bounding. Ordered thirty grains of salicin every two hours.—At night the temperature had fallen to 101°, but the pain in the joints was no better. He complained much of frontal headache, pain in the eyes, noises in the ears, throbbing, and nausea, and, in consequence, the salicin was discontinued at 10 P.M. At this time he had taken *five hundred and ten grains in forty-eight hours*.

11th.—Had a fair night's rest after ten grains of Dover's powder. Morning temperature 101°; evening 102°; pain no better; heart as before. Ordered thirty grains of salicin every four hours.

12th.—No sedative last night; was kept awake by the pain in his joints. Morning temperature 99·8°; evening 101·6°.

13th.—Morning temperature 100·6°; evening, 100·4°.

14th.—Slept fairly well the last two nights after hypodermic injections of a quarter of a grain of morphia. Cardiac dulness normal, but first sound at apex muffled. Morning temperature 100·4°; evening 102°.

15th.—Had no morphia last night, and did not sleep. Has had diarrhœa for the last three days. No nausea, but occasional headache. This morning a soft, blowing systolic murmur was heard at the apex of the heart. Temperature: morning, 100·4°; evening, 101·4°.

16th.—Last night he took twenty grains of chloral hydrate, after which he had about four hours' sleep. This morning a faint friction-sound was heard in the third left intercostal space. Ordered linseed-meal poultices to the precordium. Temperature: morning, 100·4°; evening, 101·4°.

18th.—Apex of heart beating just below and external to the left nipple, diffused; dulness absolute in third left intercostal space. Apex sounds muffled; friction sounds at base louder. Complains of sharp pain along the left costal margin, increased by a deep breath. Some pleuritic friction heard in the left lower axilla. No dulness. Temperature on the 17th: morning, 100·6°; evening, 101·4°. 18th: morning, 101·2°; evening, 101·8°. Ordered poultices to the whole of the left side.

20th.—Cardiac dulness extends up to the second left rib; considerable bulging in precordium; no cardiac friction-sound now. Effusion in the left pleura, the dulness extending up to the angle of the scapula. The pain in the left side has gone, but he complains of fresh pain of the same character as before along the right costal margin. Pleuritic friction-sound in the right lower axilla. Ordered jacket poultices. Temperature on the 19th: morning, 99°; evening, 101°. 20th: morning, 100°; evening, 100·4°.

21st.—Has had chloral every night since the 16th till yesterday, when it was discontinued, as the pain in the joints was less severe. Temperature: morning, 99·2°; evening, 100·8°.

26th.—He has now a little pain in the left wrist; the other joints are painless, and not swollen, but rather stiff. He sleeps fairly well all night. His temperature has steadily fallen to 98° in the morning and 100° in the evening. The pleurisy on the left side has cleared up, but there is still some effusion in the right pleura. Precordial dulness extends up to the third rib; the apex is still tilted upwards and outwards.

30th.—The pains in the joints have all disappeared excepting a little in the left wrist. Last night the temperature was normal for the first time in the evening. Up to that time he had been taking salicin in thirty-grain doses every four hours since the 11th of September. Yesterday he vomited twice after taking it, had a severe headache, with throbbing and noises in his ears; consequently, it was discontinued, and he was ordered a mixture containing two grains of quinine, some ammonia, and bicarbonate of potash. The sickness and other symptoms ceased, but to-night the temperature has risen to 99·6°, and the salicin was again ordered, but in twenty-grain doses. On October 1st the temperature had fallen to 98°, and continued about normal subsequently. The salicin was finally discontinued on the 4th, in consequence of a return of the vomiting and head symptoms. The pericardial and pleuritic effusions had become entirely absorbed by the 7th. The mitral regurgitant murmur became louder and harsher, and a soft blowing murmur was heard after the aortic second sound on the 14th.

The patient was discharged convalescent on the 27th of October, having been forty-nine days in hospital.

Remarks.—It will be seen that in this case the salicin was given early, and pushed as far as the patient could tolerate it. He frequently had headache, and twice complained of dizziness and noises in his ears. He vomited on three separate occasions. The salicin did not notably lower the temperature. It did not control the pain, opiates and chloral being required. It did not prevent the occurrence of endocarditis, pericarditis, or pleurisy. It is, however, worthy of note that the perspiration, which was acrid for a day or two, became afterwards slight and unirritating, so that no miliaria appeared.

RADCLIFFE INFIRMARY, OXFORD.

RHEUMATIC FEVER TREATED BY SALICYLIC ACID; SYMPTOMS OF POISONING PRODUCED BY THE ACID.

(Reported by Dr. TUCKWELL)

THE following two cases of rheumatic fever treated with full doses of salicylic acid are interesting, as showing a peculiar train of nervous symptoms which seem to have followed, and been caused directly by, the administration of the medicine. In both, the immediate effect of the acid on the rheumatic symptoms was remarkable—a rapid falling of the temperature and pulse-frequency, a speedy subsidence of pain and swelling of the joints, a cleaning of the foul tongue, and arrest of the sweating being observed. But in both alike, together with the satisfactory abatement of these symptoms, there came on a set of other symptoms which may thus be summarised:—Humming and buzzing in the ears, with gradually increasing deafness; a peculiarly loud, deep, and sighing respiration; a strange restlessness, gradually increasing to delirium, not unlike that of delirium tremens, with involuntary evacuation of urine and fæces in the worst of the two cases; a slow and labouring pulse; an olive-green colour of the urine. All these symptoms declared themselves at the same time that a low temperature, a slow pulse, and an absence of all rheumatic appearances, showed that the disease itself was in abeyance. No sooner was the medicine withheld than the strange symptoms ceased, and the rheumatism returned. In the case related at length, the nervous symptoms were so alarming that Dr. Tuckwell was afraid to return to the acid in treating the relapses, but blistered the joints after Dr. Herbert Davies' plan, a treatment which he had followed out for several years. To compare the blistering with the salicylic acid, both alike seem to act quickly on the painful swellings of the joints; but, whereas the former does nothing more than this, and the rheumatic state continues its course unchecked, the latter seems to have the additional power of controlling the rheumatism itself, of lowering and keeping down the temperature and pulse, and relieving the sweating. At the same time, when given in doses large enough to effect this, the acid may develop certain unpleasant symptoms of its own, which in one of the cases to be related were rather alarming.

CASE 1.—H. L——, aged eighteen, was admitted 20th Sept., 1876. He had had rheumatic fever when a child, but had continued in good health and at work till seven days ago, when he shivered, and was attacked with pain in the back and with painful swelling of the knees. On admission he was profusely sweating, with rheumatic odour. Both knees, both ankles and wrists, were acutely inflamed, swollen, red, and very painful; tongue thickly coated. Morning temperature 100·6°; pulse 108. Evening temperature, 101·6°. A blowing systolic murmur was heard at the apex, and a shorter systolic murmur at the base, of the heart. Ordered to be bedded in blankets, to have no application of any kind to the swollen joints; milk diet; and to have a scruple of salicylic acid dissolved in three drachms of the solution of citrate of ammonia* every three hours, through the day and night.

Sept. 21st.—The pain had begun to yield at midnight, after four doses of the mixture. All pain and swelling of the joints were gone, and there remained only a little stiffness in the left knee; tongue cleaning. Morning temperature 101°; evening 101·6°; pulse 92. He complained much of thirst, and of buzzing in the ears, as if a hive of bees were over his head. The respirations were regular and slow, sixteen in the minute, but peculiarly deep-drawn and sighing, so that he could be heard breathing at some distance from the bed. Ordered to continue the mixture every three hours.

22nd.—All rheumatic pain, swelling, and stiffness were gone, and the sweating was much less; tongue clean. Morning temperature 100°; evening 100°; pulse 84. The loud breathing was even more marked. He had passed a very restless night, and was restless at the visit, complaining of the buzzing and of feeling light-headed. Heart-sounds unchanged. Urine of a marked olive-green tint; acid; no albumen. To continue the mixture every four hours.

23rd.—He was quite free from all rheumatic symptoms, but the same noisy breathing and restlessness continued. A patch of herpes had appeared on the lip. Morning temperature 99°; evening 99·6°; pulse 92. Urine olive-green; the colour not changing on the addition of nitric acid; no albumen.

24th.—The same nervous symptoms, with the addition of marked deafness, were present. Morning temperature 97·6°, evening 97·8°; pulse 84. To continue half doses of the mixture, ten grains of the acid, every four hours.

25th.—The breathing was so loud that it could be heard at the other end of the ward. He had passed a sleepless night. Morning temperature 98°, evening 99°; pulse 76. Heart-sounds unchanged. To continue ten grains every six hours.

26th.—He had been sleepless and delirious throughout the night, trying to get out of bed. He answered questions properly, but then rambled off to some other subject. Breathing the same. Morning temperature 99·4°, evening 99·2°; pulse 76. To take ten grains three times a day.

27th.—He had passed a very delirious night, and had the manner of a person with delirium tremens. He had passed his fæces and urine unconsciously. Breathing the same. No rheumatic symptoms. Morning temperature 99°, evening 100°; pulse 70, labouring. Urine olive-green, no albumen. To stop the medicine, and continue milk diet.

28th.—He had continued in the same state till three o'clock this morning, when he fell asleep, and was still sleeping heavily at the time of the visit. Morning temperature 99·2°, evening 99·8°.

29th.—He had slept the greater part of yesterday and all through the night, and awoke this morning quite quiet and sensible. His evacuations have since then been passed naturally. His breathing was quiet and natural. Morning temperature 99·4°, evening 99·8°; pulse 52, very labouring, and a little irregular. He was very prostrate, and could only speak in a whisper. Heart-sounds unchanged. Urine very faintly green in colour, neutral, no albumen.

30th.—He was quiet and rational, and breathing naturally, but all the old rheumatic symptoms had returned. He was sweating profusely. The right knee, ankle, and left wrist were swollen and painful. Morning temperature 100°, evening 102·2°. Joints to be blistered. Effervescing citrate of potash mixture to be taken every six hours.

Oct. 1st.—The joints were much relieved by the blisters. No nervous symptoms. Morning temperature 100·6°, evening 101·2°; pulse 60. Urine natural in colour, 1028, no albumen. Heart-sounds unchanged.

3rd.—Another relapse of rheumatic pain and swelling in the left knee and left ankle, with profuse sweating. No nervous symptoms. Morning temperature 102·4°, evening 103°; pulse 72. Joints to be blistered.

From this time there was a gradual fall in the temperature and return to convalescence, no fresh nervous symptom of any kind having appeared from the time that the salicylic acid was discontinued, although the temperature rose higher and the affection of the joints was severer in the relapses than in the original outbreak.

In Case 2—that of a man aged twenty—the order of treatment was reversed, blisters being first applied, and afterwards, as the fever did not yield, salicylic acid being given in doses of a scruple every three hours. In twenty-four hours from the time that the first dose was taken all pain and swelling were gone, the temperature and pulse had fallen, and the tongue was cleaning; but there followed just the same nervous symptoms as in the former case—

* On the solubility of salicylic acid in a solution of ammonium citrate, see the Pharmaceutical Journal of July 15th, 1876.

deafness and buzzing in the ears, deep-drawn noisy breathing, restlessness, and at last delirium, with wakefulness and a desire to get out of bed. All these symptoms, which were not so severe as in the former case, ceased quickly when the acid was withdrawn, and did not return, although there were two slight relapses of the rheumatic fever, which were treated with the perchloride of iron.

ROYAL FREE HOSPITAL.

CASE OF HYDROPHOBIA.

(Under the care of Dr. COCKLE.)

FOR the following notes we are indebted to Mr. W. Carey Jeffries, resident medical officer.

Edward T——, aged thirty-two, porter on the Midland Railway, was admitted on Oct. 16th, 1876, with symptoms of hydrophobia. He stated that in January last he had been bitten on the back of the left hand by a dog that had been found straying. The animal was locked in a room. During the night it had gnawed through the rope by which it was fastened, and is said to have killed and devoured a cat. The following morning when the patient entered the room for the purpose of feeding the dog, it flew at him, inflicting the wound above mentioned; it then suddenly ran out of the house, and was not again seen. The animal was described as "looking wild," but not otherwise presenting any of the more ordinary signs of hydrophobia. For three days preceding the admission of the patient into the hospital, a marked peculiarity of manner was observed; he appeared depressed, complained of feeling ill, was hot at one time, at another cold, felt thirsty, but was afraid to drink, as he said it "took his breath away." When admitted into the hospital he complained principally of pain extending from the throat to the epigastric region; his aspect was anxious and excited, but he was quite sensible, and attempted to explain his feelings. He spoke of an indescribable sensation, and of an inability to swallow liquids, as they brought on severe suffocative attacks. When some water was given him to drink, the attack he spoke of was immediately induced; he gasped for breath, looked terrified, and if in the recumbent posture, raised himself quickly and leaned forwards. All these symptoms could be produced at any moment by pressing with the hand immediately below the ensiform cartilage.

The patient passed a restless night, and on the following morning was much worse; he became perfectly maniacal, the mania assuming a religious type. He was under the impression that he had secured a place in heaven, and had only twenty minutes longer to exist. The expression this belief produced on his countenance was most remarkable, the greatest ecstasy and terror being depicted thereon. He raved almost incessantly on this subject. When his attention could be arrested, and he was requested to take either medicine or nourishment, he would say "Anything but liquids." On two occasions he was induced to take the vessel containing some fluid in his hand; he would then, in the greatest agitation, only dip his finger in and hurriedly pass it between his lips. During the morning he had several of these suffocative paroxysms, some excited by currents of air from a window near his bed, which he begged to have closed, "as it made him choke;" others by a portion of the screen around his bed being drawn aside. When he recovered from the paroxysm, which was of brief duration, he cried out to have the "door closed" (meaning the screen), as he felt the cold wind blowing on him. During the afternoon he became less noisy, but had at intervals two or three violent and prolonged fits of struggling, during which respiration would at times cease, his face becoming purple, and the teeth clenched with such violence as on one occasion to break a tooth in pieces. A sudden profuse secretion of saliva now took place, which he ejected in large quantities. During these later attacks he vomited frequently; the pupils were observed to dilate to their fullest extent, and to be quite insensible to the influence of light. Between these attacks he became quieter, the character of the delirium having changed; on several occasions he swallowed with but little apparent difficulty some milk and beef-tea. Both urine and fæces were passed in the bed. The temperature was normal: the pulse small and quickened. About seven P.M. he was seized with an attack apparently of spasm of the glottis. When seen, respiration had entirely ceased; the face was cyanosed; the heart was beating regularly and with some degree of power. Artificial respiration and electricity were resorted to, the former being for a time attended with apparent good effect, the face becoming much less congested, but there was no return of the natural respiration. Laryngotomy was also resorted to; all these means were, however, alike unavailing, and in about half an hour from the last inspiratory effort the action of the heart was arrested.

The post-mortem examination showed congestion of most of the organs, but perfect absence of organic change. The lungs exhibited signs of the greatest amount of congestion, large quantities of almost black fluid blood pouring out wherever an incision was made. The brain and cord have been reserved for more minute examination. There was no appearance of inflammation or other change over the scar on the hand.

Dr. Cockle remarked that in this case the several stages —melancholic, maniacal, asphyxial— were well, even sharply, differentiated; sudden death from glottic spasm is certainly rarer than death from gradual exhaustion. It is needless to speak of treatment in a disease which at present is without remedy. Perhaps the most important point to note is the length of the period of latency—*nine months*. Here the case has value, as the dates were well authenticated.

HIGHGATE INFIRMARY.

A CASE OF IDIOPATHIC TETANUS.

(Under the care of Mr. SAMUEL BENTON.)

THOMAS W——, aged thirty-one, a strong, muscular man, was admitted on the 31st of May, 1876.

He had lately been at work in a brickfield, but for a fortnight he had been drinking hard and eating very little. For ten days, while at work, he had stood in water, the sun being hot overhead. He had not had any distinct rigor, but on May 28th he was rather relaxed in the bowels. On the 29th he suffered pain and stiffness in his head and back, and cramps in the calves, but he managed to do a full day's work in the brickfield. On the 30th he worked three hours and a half, and then gave up.

He was admitted late in the evening of the 31st. The nurse reported that he passed a restless night, and in the morning he opened his mouth with difficulty, and swallowed badly. Decubitus, dorsal. He was unable to move without the greatest difficulty and pain. He perspired freely; could distend the cheeks, but could not whistle. Expression of face anxious. Muscles of abdomen rigid and tense. He complained of spasmodic pain in the back, epigastrium, groins, and calves. He had had two aperient pills, but his bowels were still confined. Pulse 115, full and bounding, not easily compressible; temperature 98° F.; respiration 24.

June 2nd.—Had a bad night. Breath smells disagreeably. Touching his hands or any part of the body, or any noise in the ward, produces a short clonic spasm. He has a sharp spasm, causing opisthotonos, every three minutes, and lasting ten seconds. Ordered an enema of house medicine, castor oil, and gruel. To take thirty grains of bromide of potassium, and fifteen of chloral hydrate every four hours, and to have a warm blanket bath for one hour. Slop diet; three eggs, and four ounces of brandy.

3rd.—Bowels freely opened once; no alteration in the symptoms. Urine, forty ounces in twenty-four hours, sp. gr. 1030; contains urates; no albumen.

4th.—Slept for twenty minutes last night, then woke up and bit his tongue. Ordered a blanket bath for two hours and a half.

5th.—Very little alteration; spasms not quite so frequent, but more severe. The blanket bath seems to have relaxed his masseters and the muscles of his abdomen a little. Ordered sixty grains of chloral hydrate and thirty drops of solution of morphia in two ounces of decoction of chinhcona, every night.

6th.—Slept for one hour, and woke up in a spasm. Is unable to protrude the tongue, which is flabby and thickly coated with white fur; swallows badly; is quite sensible, and answers questions rationally.

7th.—He has had the same draught at night, with the addition of one drachm of liquid extract of ergot. To have in addition fifteen grains of chloral twice during the day.

8th.—Dozes a good deal. The spasms are more severe, but less frequent (about every hour). Pulse 105, rather weaker; temperature 100°; respiration 33, short.

9th.—Spits up with difficulty some muco-purulent sputa. The chest moves very little during respiration; breathing abdominal, and the diaphragm appears to be implicated. Body rigid; face cadaverous. Occasional muttering delirium.

10th.—A severe spasm during the night, in which he turned black in the face. Another spasm this afternoon, in which he died, thirteen days after the commencement of illness. His temperature was rather low all through his illness, except on the last day; it never exceeded 101° F.

Autopsy, forty-eight hours after death.—A powerfully-built, well-nourished frame. Chest, abdomen, and neck dark-coloured. Marked rigidity of body. Muscles flaccid; all of them of a dark-purple hue.—Chest: Right pleura slightly adherent from recent pleurisy. Pericardium unaffected; congestion of bases of both lungs.—Heart: Right auricle and ventricle full of black uncoagulated blood; a smaller quantity of the same kind of blood in left side of heart. No clots. Valves competent and healthy. The muscular tissue of the organ feels a little flabby.—Liver and kidneys healthy.—Brain: Nothing unusual in the naked-eye appearance. Very little if any subarachnoid hæmorrhage. Lateral ventricles full of blood-stained fluid. Fourth ventricle healthy. No alteration in medulla or pons.—Spinal cord: Normal consistence. The meninges are over-vascular, and the veins congested, but not varicose. Upon section nothing abnormal is to be observed.

After the autopsy a careful microscopic examination of the brain and spinal cord was kindly made by Mr. W. H. Kesteven, who reported as follows:—The main disease appears to be in the brain. The cortical nerve-cells here are undergoing degeneration and atrophy. There is miliary degeneration of the white matter, immediately subjacent to the cortical grey matter of the convolutions. In the brain there is also considerable deposit on the walls of the vessels. In the cord there is nothing notable except a tendency to thickening of vascular walls.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on the 7th inst., Mr. G. Pollock, the President, occupying the chair. A case of melanosis exhibited by Mr. S. Jones led to some valuable remarks by Dr. Hilton Fagge upon the significance of melanuria in this disease. Some interesting examples of disease of the skeleton were brought forward, including a case of anchylosis of the vertebræ and ribs, by Dr. Hilton Fagge; and a specimen of the spinal column, twenty-six years after fracture of the lumbar vertebræ, by Mr. Carr Jackson. Dr. Pye-Smith's case of suppuration of the brain and cord, following after cure of an empyema, raised the question of the pyæmic nature of cerebral abscess in general. A most instructive case in its clinical bearings was related by Dr. F. Taylor; it well illustrated the difficulty in diagnosing between lipomata and abscesses. The case was one of deep-seated lipoma in the neck, simulating enlarged thyroid, and post-pharyngeal abscess.

During the evening Mr. Benj. Mallam was elected a member of the Society.

Mr. SYDNEY JONES presented to the meeting a young man twenty-three years of age, the subject of Multiple Melanotic Tumours, and gave the following history of the case. Three years ago the lad had a sore resulting from a graze of a black mole seated on the left leg, just below the inner tuberosity of the tibia; and six months later he came to St. Thomas's Hospital with a small rounded melanotic growth in the same situation. There was no enlargement of the femoral glands, and Mr. Jones having removed the growth, the patient left at the end of two weeks. He returned, however, in fifteen months with a recurrence of the growth in the cicatrix, and numerous melanotic masses, varying in size from a pea to a small marble, in the left groin. He was again operated upon, and all the growths removed; and on a third occasion a further recurrence, both in the cicatrix and in the groin, again necessitated excision. Six months later the melanosis became more diffused, for although there was now no further growth in the original seat, numerous small shot-like nodules had appeared in the skin of both thighs (most in the left), thorax, and neck; the nodules increasing rapidly in size, and forming black patches, which ulcerated. This was his present condition. There was no evidence of visceral complication, and no family history of tumours or cancer. Mr. Jones regarded it as an example of melanotic sarcoma, taking its departure from an inflamed mole, and having a somewhat unusual mode of dissemination—namely, by the lymphatic system.—Dr. HILTON FAGGE inquired whether the urine had been examined with a view to the detection of melanotic pigment in it; and he exhibited two specimens of urine containing such pigment. The one was obtained, after death, from the bladder of a patient who succumbed to the effects of erysipelas following the removal of a melanotic tumour. Numerous melanotic nodules occurred in the lungs and mediastinum, but none in the liver or kidneys. The other was a specimen of pigment extracted from the urine of a case of melanotic sarcoma of the liver. The patient was admitted almost in a dying state, and all that could be made out during the few hours he lived was that he had a large, soft, and fluctuating tumour on the liver. The diagnosis of abscess then made might have been modified had the patient lived long enough to have allowed of the examination of the urine, and the detection in it of this peculiar pigment. The urine when drawn from the bladder after death had almost a natural appearance: it assumed a slightly greenish tint and became black on exposure. Virchow, in his work on Tumours, draws attention to this state of the urine in melanosis, and cites certain English writers—e. g., Mr. Norris, in 1820—as being the first to have recorded it. (In his paper however, Mr. Norris only states that the urine was dark, like porter.) Virchow, however, apparently doubts the identity of the urinary pigment with the melanotic, and rather inclines to the belief that the former is due to indican, and its presence dependent upon coexistent disease of the liver. But the first case Dr. Fagge mentioned presented no affection of the liver, and, microscopically, the urine contained casts of the renal tubules of very black appearance, besides much pigmented renal and vesical epithelium. Dr. Fagge considered the whole question to be shrouded in difficulty. Where was the original seat of formation of the pigment? Why was it that perfectly pigmented tumours were found side by side with others quite free from melanosis? Indeed the deposit of pigment seemed independent of the new growth, for in his first case there were isolated patches of pigment in the stomach, bladder, and pelves of the kidneys. Nor was it restricted to sarcomata, for that same case was a true carcinoma.—Mr. JONES said he had not met with melanuria in his case. He was willing to have the urine carefully analysed.—Dr. GREEN asked if the kidneys were involved in the cases related by Dr. Fagge, and the latter replied that in one case there were only some black spots beneath the mucous membrane of the pelvis.

Mr. SYDNEY JONES brought forward a living specimen of a remarkable Symmetrical Shortening of the Foot from Bone Disease. The patient, a man thirty-nine years of age, had within the last sixteen years suffered from disease of the right metatarsus, which had resulted in a shortening of that foot antero-posteriorly to the extent of three or four inches, and so symmetrically as to simulate congenital malformation. The shortening appeared to be due to the loss of the anterior parts of all the metatarsal bones and of the proximal phalanges, the tarsus and ankle-joint being quite perfect. The disease had not been continuously progressing during the whole period, but had recurred at intervals of from four to seven years. The case was unique in his (Mr. Jones's) experience.—Mr. ALBAN DORAN, referring to an example of congenital shortening of the bones of both forearms, which he had brought forward last session,

pointed out that the deformity in the present case differed from that in the shortening being limited to the anterior part of the metatarsus, and not to the bones in their whole length.—Mr. GOULD inquired if there had been much suppuration.—Mr. JONES replied that when the case first came under notice there was an abscess connected with the metatarso-phalangeal joints of several toes, which, after the escape of bone, healed. The same occurrence happened several times in the long period of sixteen years, previous to which the two feet were of equal size. In reply to the President, he added that the abscesses pointed in the sole, and not in the dorsum of the foot.

Dr. HILTON FAGGE exhibited a specimen of General Osseous Anchylosis of the Dorsal Vertebræ and Ribs, removed from a man thirty-four years of age, in whom this condition had played a considerable part in hastening death. The patient came under the care of Dr. Wilks and Dr. Fagge in 1874. He was unable to lie down, and his back formed an uniformly rounded curve, there being little or no mobility either in the dorsal or cervical spine; the ribs also were fixed. In consequence of the curvature, the upper half of the abdomen, as far as the umbilicus, was in contact with the chest. The patient stated that he had always been narrow-chested, and for more than a year before his admission he began to suffer from pain in the abdomen and back; he then began to stoop, and was compelled to leave off work on account of this. The following winter he suffered from cough with purulent expectoration. When admitted, in addition to the shape of the trunk, he suffered from bronchitis, and the breathing was wholly abdominal. After a slight improvement the dyspnœa increased, and he died in intense suffering. The specimen showed that the dorsal vertebræ were united by bone between their arches, the new bone being deposited outside the ligamenta subflava, traces of which remained, and also between their articular processes and the ribs, but the bodies of the vertebræ were natural, the intervertebral discs persisting; a small quantity of mortar-like deposit also occurred around the vertebral foramina, reducing their calibre. The cervical spine was not examined. One of the hip-joints was similarly anchylosed, the head of the femur being of normal size. There was marked vascular dilatation of the bronchi, but no fibroid or tubercular changes in the lungs. The liver had become curiously bent at a sharp angle, its lower margin being doubled forwards over the ribs. Dr. Fagge stated that there was no similar specimen in the museums of the Royal College of Surgeons, Guy's, or St. Bartholomew's Hospital. In the seventh volume of the Pathological Transactions Mr. John Wood has recorded a case of anchylosis of the atlas and axis to the occipital vertebræ, which Mr. Wood thought was probably of congenital nature; and in a paper by Mr. Lawrence, in one of the earlier volumes of the Medico-Chirurgical Society's Transactions, reference is made to a Dutch writer, who describes a case of bony anchylosis of the arches of the cervical and dorsal vertebræ, very similar to the one now brought forward. Such cases must not be confounded with anchylosis from exostosis springing from the bodies of the vertebræ. — Mr. WAGSTAFFE said that the museum of St. Thomas's Hospital contained several specimens of union of the transverse processes and laminæ of the vertebræ, and not of their bodies; and only last week he had been shown two cervical vertebræ fused together in precisely the same way. He suggested that possibly the anchylosis in Dr. Fagge's case might be due to rheumatic arthritis.—Dr. FAGGE said that there was no history pointing to rheumatic arthritis.—Mr. WAGSTAFFE also said that in St. Thomas's museum there were several specimens of united ribs, generally associated with spinal curvature. In such cases the anchylosis was probably the result of the friction of one rib on another.—Dr. FAGGE could not say if all the ribs in his case were anchylosed, but the anchylosis of those examined only occurred at their articular ends.—Mr. BUTLIN thought the condition of the hip-joint, especially the enlargement and thickening of the acetabulum, pointed in favour of rheumatic arthritis. Were any other joints affected?—Dr. FAGGE said that no other joint was examined. During life there had never been pain in the hip.—The PRESIDENT remarked that cases of rheumatic arthritis often occurred without pain being a prominent symptom.—Dr. GOODHART thought the absence of exostosis of the vertebræ, generally attributed to the rheumatic diathesis, strongly pointed against the present case being an instance of rheumatoid arthritis.—The PRESIDENT had always been of opinion that the term "chronic rheumatoid arthritis" was very indefinite.

Dr. FAGGE also showed a specimen of Aneurism of the Pulmonary Artery, of interest chiefly on account of the extreme youth of the subject of it. It was obtained from a child two years and three-quarters old, who suffered from phthisis and extensive emphysema, and who was attacked with profuse hæmoptysis the day before death. The lungs were very emphysematous and fibroid, containing also several caseating tubercles and vomicæ; one of these, in the right upper lobe, about the size of a cherry, was almost filled by an aneurism seated in the pulmonary artery half an inch from its bifurcation. The rupture of this had caused the fatal hæmoptysis.

Mr. CARR JACKSON exhibited a remarkable specimen showing Repair after Fracture of the Spine twenty-six years before death. The patient was admitted into the Royal Free Hospital under the care of Mr. Wakley in 1849, Mr. Jackson being house-surgeon. The following account is abridged from the notes published at the time in THE LANCET (1849, vol. i., p. 312) by Mr. Jackson:—"James D——, aged thirty-one, carriage-maker, admitted under the care of Mr. Thomas Wakley on Sept. 6th, 1849, with an injury to the lumbar spine from a horse-box falling upon his back. There was much pain, slight irregular prominence of the spinous processes of the second and third lumbar vertebræ, and complete motor paraplegia; sensation remaining perfect; no paralysis of sphincters. He was discharged on October 9th, and was then able to walk with a stick, but with a peculiar waddling gait, with the toes turned somewhat inwards, and the body slightly bent." During the long interval that has elapsed Mr. Jackson has not lost sight of his patient, who has lived freely, but has had good health for the most part, dying eventually of bronchitis in the spring of the present year. With some difficulty the whole of the spinal column was removed, and presented by Mr. Jackson to the museum of the Royal College of Surgeons. Dr. Goodhart, in his description of the specimen, says that the second and third lumbar vertebræ had apparently been dislocated and partially fractured; there was considerable rotation of the bodies of the lumbar vertebræ, so that the four lower bones had a spiral twist from right to left, and the upper from left to right, the right side of the bodies of the third and fourth vertebræ looking forwards. The first, second, and third were anchylosed, much new bone being thrown out around the laminæ and articular processes, leading to anchylosis. The spinal canal was much narrowed between the first and second lumbar vertebræ. There was also perfect fusion between the fourth and fifth cervical vertebræ.—In reply to the President, Mr. Jackson said that sensation was not abolished after the injury, but there was much pain. The man could never walk quite upright; he had a straddling gait.—Mr. WAGSTAFFE mentioned a case of dislocation with fracture of the spine, which occurred eight years ago, with complete recovery. The patient was still living.

Dr. PYE-SMITH showed a specimen of Suppuration of the Brain and Cord after the cure of an empyema. The patient was a lad eighteen years of age, of previous good health, who was admitted under Dr. Pye-Smith's care in the middle of August last with extensive effusion into the left pleural cavity. The effusion being purulent, a free incision was made into the chest, a large quantity of pus evacuated, and the cavity washed out. In a few weeks the patient improved, and the lung had considerably recovered; and early in October he was able to walk about; the discharge had ceased, and the puncture had cicatrised. He was then suddenly attacked with vomiting, severe headache; the temperature rose. Next day there was left hemiplegia, strabismus, &c., and the following day he became comatose and died. Examination of the thorax showed that the empyema was really cured; the lung had expanded, and the large sac was reduced to a small cavity holding about two ounces, and furnished with very thick walls. In the brain there were several suppurating foci, and two larger abscesses in the right hemisphere, one of which had discharged itself into the lateral ventricles, which, together with the subarachnoid space of the spinal cord, was full of pus. The case was of interest, as showing that a fatal pyæmia could set in when the original suppurating cavity was in process

of abolition. The manner in which it had occurred in this case was not clear, for the empyema-sac was lined by a thick false membrane, which was, however, the seat of ulceration at two places, indicating, probably, the region at which "pointing" was taking place before the pus was let out. There was also an entire absence of septicæmic symptoms during the time in which the cerebral abscesses, which were not very recent, must have been forming; the severe train of symptoms ushering in death following the rupture of one of the abscesses into the ventricular cavities. Thus it seemed to be a pure case of "metastatic abscess" without septicæmia. None of the other viscera were affected, and the case was comparable to the occurrence of hepatic abscesses following injury to the head, renal suppuration following disease of urethra and bladder, &c.—Dr. GOODHART said that the cerebral abscess in this case had been regarded as an instance of pyæmia, but he thought it should be looked on as a local disease. He thought the febrile state probably favoured the development of suppuration, where any focus of inflammation was set up, and instanced examples of suppurative pneumonia occurring in traumatic fever in support of this view.—Dr. GREENFIELD suggested that another explanation was possible—viz., that the empyema was a result of a pyæmic process secondary to the abscess of the brain. He had seen cases in point, and had at present under his care a child dying from pyæmia, clearly following on cerebral abscess. He admitted that in cases of empyema, especially when there was necrosis of the ribs, abscess of the brain was likely to occur secondarily. Dr. Goodhart appeared to limit the term pyæmia too much, for there were all gradations between the simple form of pure septicæmia without any secondary deposits and those in which there were few or many.—Dr. PYE-SMITH could not accept Dr. Greenfield's explanation. Abscess of the brain occurred only as a result of injury to the skull or as a secondary abscess. The present case did not precisely accord with any theory as to pyæmia. The empyema clearly arose in an acute pleurisy; and although the cerebral abscess probably existed for several weeks, it was yet of more recent origin than the former. There was no necrosis of the rib; but there was no history or evidence of injury to the brain, no discharge from the ears, or any evidence which could favour the idea that the cerebral abscess was the primary lesion.—Dr. GREENFIELD, in answer to the President, said that the cases of cerebral abscess he referred to were secondary to disease of the ear.

Dr. WALTERS showed a specimen of Scirrhus of the Diaphragm from a female, forty-one years of age, who died from left pleural effusion. There was no wasting nor cachexia. The diaphragm was much thickened, and presented hard and tough nodules on each side of the central tendon, one of which invaded the pericardium. No other deposits in any part of the body. The growth had the characters of scirrhus cancer microscopically. Referred to Morbid Growths Committee.

Dr. F. TAYLOR exhibited a specimen of Fatty Tumour behind the Pharynx, which during life had simulated an enlarged thyroid with retro-pharyngeal abscess. The patient was four years of age, and had suffered for five months with difficulty in swallowing, when the neck was noticed to be enlarged. When admitted into the Evelina Hospital the child had stridulous breathing and dysphagia. The eyes were prominent, and the swelling in front of the neck resembled an enlarged thyroid gland moving with the larynx, being soft and elastic, and traversed by large veins. The carotid arteries were pressed outwards by the tumour. The dysphagia was explained by a soft fluctuating swelling at the back of the pharynx, limited above by the soft palate. This was punctured, but no pus issued, and no relief was given; and later Mr. Lucas and Mr. Howse saw the case. All concurred in the diagnosis of post-pharyngeal abscess, and a free incision was made more than once into the swelling, again with no result. Finally—before death—tracheotomy had to be performed to relieve the urgent dyspnœa. On examination the thyroid gland was found to be of normal size. A large lipomatous mass existed behind the pharynx, and, passing down behind the gullet, projected forwards on each side of the larynx. Above, a portion of the growth, somewhat separated from the rest, had projected into the pharynx, and led to the diagnosis of post-pharyngeal abscess. The lipoma sprang from the connective tissue, and not from any of the organs in the neighbourhood.—Mr. CLEMENT LUCAS, who had seen the case during life, recapitulated the grounds which had led to the erroneous diagnosis. The post-pharyngeal swelling and the tumour in the front of the neck seemed then to be quite separate, whereas they really formed part of the same mass.—Mr. HOWSE said, so convinced was he that there was a post-pharyngeal abscess, that, failing to get pus on a first attempt, he made a deeper incision in order to empty it. The fluidity of fat at the temperature of the body produced perfect fluctuation; and it was not possible to introduce more than two fingers into the child's throat, so that any lobulation the growth presented could not be felt. Even at the autopsy the appearance shown on exposure of the posterior wall of the pharynx resembled that of an abscess.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

ON Monday, the 6th inst., a general meeting of this Society was held, Mr. W. Adams, President, in the chair. Amongst others a most important resolution was proposed by Dr. HARE, seconded by Dr. LAWSON, and unanimously carried by the Society, to exclude persons of the female sex from either becoming fellows of the Society or from being introduced to it as visitors.

Mr. RICHARD DAVY then read a short communication on Degenerative Cysts in Muscles. He said:—"In the dissecting-room of the Westminster Hospital during the winter session of 1876 was a male subject, aged eighty-two, whose voluntary muscles presented features of interest. They were studded in about 50 places by cysts resembling wheat-corns or grains of rice; each cyst was placed with its long axis parallel to the muscular planes, and an artery could generally be traced to one end of the elongated cyst. The cysts, though very similar in size, varied much in consistency, some being caseous and soft, others hard and cretaceous. A delicate fibrous capsule enveloped the contents, which were shown by the microscope to consist of large epithelium-like scales undergoing fatty degeneration. Chemically a slight reaction with lime salt was obtained. On carefully scraping the cyst walls of many, a hooklet was demonstrated." Mr. Davy then mentioned that his attention had since been drawn by a student to similar nodules removed from the sartorius of an old male subject in the dissecting-room of St. Bartholomew's Hospital, and then proceeded to read a letter from Professor Cobbold (to whom he handed over some of these parasitic capsules), in which, after mentioning some previous instances of the occurrence of cysticerci in the human body, the Professor gave the following conclusion:—"All measles, hydatids, and bladder-worms, and also all sexually immature forms of other types of entozoa, present a more or less restricted period of vitality, at the expiration of which their life epoch or biotome terminates by calcareous degeneration; in the case of cysticerci eight months is the probable limit." Mr. Davy concluded by giving another instance of cysts removed from the iliacus muscle of an old female subject now in the dissecting-room of the Westminster Hospital.—Dr. Routh and Dr. Lawson made a few remarks, to which Mr. Davy responded.

Dr. JOHN BRUNTON then read a paper on "Pelvic Hæmatoma," the discussion on which was postponed to the next meeting.

THE ROYAL SOCIETY.—The following is the award of medals for the present year by the Council of the Society:—The Copley Medal to Professor Claude Bernard, For. Mem. R.S., for his numerous contributions to the science of physiology; a Royal Medal to Mr. William Froude, F.R.S., for his researches, both theoretical and experimental, on the behaviour of ships, their oscillations, their resistance, and their propulsion; a Royal Medal to Sir Wyville Thomson, for his successful direction of the scientific investigations carried on by Her Majesty's ship *Challenger*; the Rumford Medal to Mr. Pierre Jules César Janssen, For. Mem. R.S., for his numerous and important researches in the radiation and absorption of light, carried on chiefly by means of the spectroscope. The medals will be presented at the anniversary meeting of the Society on the 30th inst.

Reviews and Notices of Books.

La Corse et la Sardaigne: Etude de Voyage et de Climatologie. Par JAMES HENRY BENNET. Paris: P. Asselin. 1876.

THIS work is, in the main, a reprint of the chapters on Corsica from the author's well-known book, "Winter and Spring on the Shores of the Mediterranean." It is in no sense a scientific work; it is not, like "Baedecker" or "Bradshaw," a complete Guide for the visitor; but it contains the observations of a most observing traveller, and will well repay perusal by all those who may be intending to see these two delightful islands.

Dr. Bennet has never spent a winter in either of these islands. He has visited Corsica on three separate occasions (the last time in 1868), and on each occasion in the months of April and May, when returning spring has released him from Mentone. His total sojourn in the island amounted to three months, each visit having averaged a month in duration.

We gather from the section of the work devoted to Sardinia that Dr. Bennet landed at Porto Torres on April 21st, 1874, and embarked at Cagliari on the 3rd of May. His study of the climatology of this island was therefore made in twelve days. Starting with this fact, it would be idle to expect a complete treatise; and, in fact, Dr. Bennet, in his preface, says:—

"Souvent j'ai resisté, avec intention, à la tentation d'examiner à fond les questions que j'ai traitées, me contentant de les effleurer. C'est que je me suis rappelé trois axiomes de notre professeur de rhétorique au Collége Saint Louis, il y a bien longtemps:

"1. Etre complet, c'est être ennuyeux.

"2. Le plus souvent le lecteur se tue pour abréger, tandis que l'auteur se tue pour allonger.

"3. Pour être lu, encore faut il être lisible."

If we could all resist temptation with the fortitude which has been shown by Dr. Bennet, it would be well for us.

The most important chapter in the work is that which has reference to Ajaccio, for that city is the only one in the two islands to which invalids can be sent for the winter months. With regard to the climate of Ajaccio we gather (p. 72):—"During three years of observation by M. Dupereil at Ajaccio, only nine storms were noted, of which five alone were accompanied by rain." Again (p. 99), Dr. Bennet says:—"It is evident always that these winds (from the south-west) do not blow long enough nor strongly enough to influence vegetation, for the trees in the bay are all straight." There is always a gentle breeze at Ajaccio, blowing alternately during the day from the sea, and at night from the mountains. This has the effect of keeping the air of the town fresh and pure.

At p. 107 we are favoured with a thermometrical record showing (on an average of the five years 1854–58) that the mean temperature of the air during the winter months is as follows:—November, 14·15° C. (58° F.); December, 11·71° C. (52° F.); January, 10·25° C. (51° F.); February, 11·78° C. (52° F.); March, 12·46° (54° F.). Thus the mean temperature for these five months is a fraction over 53° Fahrenheit. These figures are quoted from the work of Dr. Pietra Santa; and at p. 106 we find:—"His experience and studies show that the winter on this favoured shore is soft and bright, that the rains are slight, that fogs are almost absent, and that the winds are mild."

Owing to its situation in an island, the air of Ajaccio is softer and moister (no exact details on this point are given) than the air on the mainland, and hence for certain cases Ajaccio is preferable to the Riviera. There are certain constitutions that cannot stand the constant stimulation of the dry air of the Riviera. "They become over-excited, and their disease gets worse instead of better. Such are persons suffering from nervous asthma; bronchitis, with severe pulmonary emphysema; pulmonary phthisis, with an extreme tendency to hæmoptysis; and idiopathic neuralgia. All these forms of disease do better at Ajaccio than at Cannes, at Nice, at Mentone, or at San Remo." This is no slight admission from one whose preference for Mentone over all other health-stations in the Mediterranean is expressed or implied in many passages throughout this book.

The curse of Corsica and Sardinia is malaria, which is very rife in some localities during the autumn. It is especially so along the eastern coast of Corsica, where the land is flat and marshy, and the following extract (which we recommend to the study of the lay officials at the Local Government Board) shows how virulent and destructive it may prove:—

"Casabianda is a colony of prisoners founded in 1864 by the Government for draining and improving the swamps and brackish marshes along the east coast. Unfortunately, the post of director was given at first to an energetic and intelligent officer who, being a native of the north of France, knew nothing of Corsica nor its fevers. He believed that all which was told him was nonsense, and that the fever was due to the prisoners being badly nourished and working all day in the sun. Following this line of thought, he made them rise and work in the morning at a very early hour before sunrise, took them home to dine, and take a *siesta* during the heat of the day, and then made them work again in the evening when the air became fresh. The doctors and country people were amazed and astounded at a system so contrary to the customs of Corsica; for, before going to work, they wait until the sun has dispersed the vapours in the morning, and return home before sunset. But the director would not yield, and when the doctors insisted on their point he made reports against them, accusing them of insubordination, and persisted on his way. The result was easy to foresee. During two years that this *régime* lasted he lost 65 per cent. of those under his care. The Government was terrified, and the colony would have been abandoned if, happily, the obstinate director had not himself died of the fever."

The work contains much general information, and Dr. Bennet's reflections on men and things are generally lively and marked with sound sense. As a book of travel it is, in its small way, up to the average, and will serve to while away a couple of hours most pleasantly.

Guy's Hospital Reports. Vol. XXI. 1876.

THE Guy's Hospital Reports appear to have been handed over to the junior members of the staff; at least, Dr. Pavy is the only physician to the hospital who contributes to the present volume, and, of the senior members of the surgical staff, Mr. Cooper Forster alone has given a few pages. It is not, therefore, surprising that the volume is hardly on a par with most of its predecessors; indeed, there are only one or two articles in the volume which rise above mediocrity.

The first paper is one by Dr. F. Taylor "On the Diuretic Action of the Resin of Copaiba." A series of detailed clinical observations show that the resin has a very powerful diuretic influence, and has been administered with benefit in various forms of dropsy, renal and cardiac, as well as ascitic. The advantage of the resin is its tastelessness. It is given suspended with tragacanth powder. "Considerations on the Cures in Insanity" is the title of an article by Dr. Savage, but the title is not very accurate, unless the writer intends to claim every instance of recovery which he describes as the result of the treatment adopted. It is, however, an interesting account of the elements of prognosis in the various forms of insanity drawn from the experience at Bethlem. Dr. Savage mentions, as an instance of the uncertainty which at best attends the prognosis, that of the patients sent to the Asylum for Incurables at Leavesden,

a certain number are every year discharged well. The "Treatment of Fractures of the Thigh" is the subject of a short article by Mr. Cooper Forster.

Dr. Goodhart follows with a really useful contribution to our knowledge of the symptomatology of meningeal hæmorrhage, founded on the well-kept case-books and post-mortem records of the hospital, and the Transactions of the Pathological Society. Among the "Causes of Preventable Blindness," which Mr. Higgens discusses are granular ophthalmia, purulent ophthalmia, and undetected glaucoma. In each disease early and efficient treatment is strongly advocated, and the results of neglect are illustrated by examples. "The Use and Abuse of Sedatives," is discussed by Dr. Stokoe, of Croydon, who believes he can cut short pneumonia by aconite, and would treat it by opium, milk, and alcohol, other food being withheld. Mr. Golding-Bird contributes a paper "On Statistics of the Amputations at Guy's Hospital during fifteen years," and this is followed by a very lengthy report of the labour-cases attended in connexion with the charity during twelve years. It has been compiled by Dr. Galabin with great care, and both statistics and details are full of interest.

The treatment of ulcers by the local application of a weak continuous electrical current has been extensively tried by Mr. Golding-Bird, who has found that as good a result is obtained as with any other gently stimulating application, and that this means will sometimes succeed when ordinary methods of obtaining cicatrisation fail. The remaining papers are some thoughtful "Remarks on the Paroxysmal Neuroses," by Dr. Hilton Fagge, who discusses the opinions held concerning them by some late writers; and an article by Dr. Pavy "On the Recognition of Sugar in Healthy Urine." The process which was lately shown at one of the societies is here fully described.

On Rest and Pain. A Course of Lectures delivered at the Royal College of Surgeons of England in the years 1860, 1861, and 1862, by JOHN HILTON, F.R.S., F.R.C.S., Surgeon Extraordinary to Her Majesty the Queen, Consulting Surgeon to Guy's Hospital, &c. Edited by W. H. A. JACOBSON, F.R.C.S. Second Edition. London: George Bell and Sons.

WE encounter these lectures, cast in a new and improved form, with all the gratification that we should feel in meeting an old friend who had years gone by rendered us an essential service. We can recall the pleasure we had in reading these lectures soon after their delivery at the Royal College of Surgeons. They are rich in clinical facts, graphic in the description of cases, full of practical observations and valuable expedients—the results of a long and thoughtful experience. The subject was indeed worthy of being treated in that philosophical and scientific spirit in which it was considered; and we know of no more interesting, valuable, or suggestive book in surgical science than this volume of Mr. Hilton's lectures on Rest and Pain.

The School Manual of Geology. By J. BEETE JUKES, M.A., F.R.S., late Director of the Geological Survey of Ireland, &c. Edited by ALFRED J. JUKES-BROWNE, B.A., F.G.S., of the Geological Survey. Third Edition. Edinburgh: Adam and Charles Black. 1876.

WE remember being much pleased with the first edition of this very excellent little manual, and the present edition—the third—by Mr. Jukes-Browne, a nephew of the lamented author, has evidently been edited with great care and discrimination. Much new matter has been added or substituted for the old, which has, moreover, undergone considerable revision. The arrangement and style are alike good, and altogether we regard it as well adapted for schools and for persons who are desirous of gaining, at any rate, something like an intelligent idea of the subject.

Lessons in Electricity at the Royal Institution, 1875–6. By JOHN TYNDALL, D.C.L., LL.D., F.R.S. London: Longmans, Green, and Co. 1876.

THESE form, with some amplification, the substance of a Christmas course of lectures given by Prof. Tyndall to a juvenile audience. They are what such teaching requires to be—simple in language, well-arranged, and progressive, each and every step being either demonstrated or illustrated by experiments that are within the reach of anyone's performing for himself.

CHLORAL POISONING; RECOVERY BY MEANS OF ELECTRICITY.

To the Editor of THE LANCET.

SIR,—I beg to forward you a brief outline of the following instructive case.

E. D——, elderly married man, of intemperate habits, took, at 10 P.M., 13th June, 1876, one and a half ounces of Hunter's solution of chloral, equal, I believe, to four drachms of chloral hydrate. I was sent for by his medical attendant, Dr. Hammond, at 1 A.M., 14th June. Patient's symptoms were then as follows:—Breathing, though occasionally stertorous, appeared every moment about to cease; pulse barely perceptible; heart-sounds almost inaudible; eyeballs immovable, pupils thoroughly insensible to light, and strongly contracted. The head, face, and hands were cold and bluish; feet warm; eyelids closed; tongue swollen; if allowed to fall back patient became asphyxiated.

Treatment.—Double thread was passed through the raphe of the tongue, and secured well out of the mouth. Artificial respiration was maintained for several hours. The electric current of a magneto-electric machine was passed through the chest-walls and cranium. Finally the poles of a machine were secured to the hands, and currents passed with little intermission for upwards of eleven hours! Brandy and beef-tea were administered per rectum. When consciousness returned patient was well smacked over the body, and kept awake during the greater part of the day. Brandy, coffee, and beef-tea, and effervescing drinks were now given by the mouth. He was then left in charge of lay attendants. He slept well the following nights, and made a good recovery.

Remarks.—Almost immediately after taking the solution the patient vomited a small quantity of fluid, which was not saved for our inspection. He was in the habit of taking this in teaspoonful doses in order to procure sleep, and as a substitute when he could not obtain drink. For seven hours the electric current failed to stimulate muscular contraction. At the end of that time the flexors of the forearms and fingers contracted under the stimulus, and shortly the external intercostals and levatores costarum were influenced, as shown by the deepened inspiration when an electric current was passed. Stertor came on whenever the current was omitted. The face now flushed, and the corrugator supercilii muscles were slightly affected. The coldness gradually disappeared, and a genial warmth overspread the body. Presently the eyelids were partially raised, the body was drawn up, the head thrown back, and the mouth shaped as if to ejaculate "Oh!" It was not, however, until *eleven* hours had elapsed that the patient would call out when an extra dose was applied. Soon he grumbled audibly. At this stage we substituted smacking, shoutings, &c., for the electricity. If let alone, the patient immediately relapsed. It was found that the *pupils dilated* during the passage of the current. During the application of the magneto-electric machine, severe rigidity of the upper extremities came on. Much soreness was complained of for several days following recovery. During the treatment, three machines were in use, one having three magnets, the others two and one respectively.

Unfortunately, no thermometer was at hand, so that at no stage of the case was the temperature taken.

I am, Sir, your obedient servant,

GEO. W. COLE, L.R.C.P.Ed., &c.

Timaru, Canterbury, N.Z.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 11, 1876.

THERE is something eminently unsatisfactory about the prevailing method of filling medical posts, or posts which are supposed to be medical, when they fall vacant. It is difficult to define precisely what is amiss, but the fact that matters do not work smoothly cannot be gainsaid, and the doubt which exists as to the nature and location of the evil does not either lessen the sense of discontent or help to redress the grievance. We are especially desirous to say what needs to be said on this subject without arousing the prejudices of those who have an interest—almost a vested interest—in maintaining the *status quo*; because it must be plain to everybody concerned that nothing short of convincing these authorities that our misgivings are neither unjust nor groundless, and so inducing them to inaugurate any reforms which may be necessary, can hold out a promise of success, and success in securing some kind of amendment is above all things what we most desire. Having thus cleared the way from possible objections, we may proceed to state frankly one or two of the vexed questions which chiefly perplex us.

There are two stages in the process of appointing a candidate to fill a vacancy. There is the operation of selection and there is the act of election. In theory these processes are distinct; in practice the preliminary act by which the business of final choosing is supposed to be simplified—by weeding out ineligible and obviously unfit applicants—is generally an integral part of the function of election, and proceeds much farther than any mere process of exclusion. To be selected is to be placed in a position which implies something very different from simple competency to discharge the duties of an office if finally chosen to fill it.

In the old days, when physicians wrote lengthy prescriptions, and before the art of compounding and combining drugs was mysteriously lost, besides the principal remedy which was to perform a specific service, there were adjuvants, correctives, and a host of subordinate agencies, all ministering to the one object—namely, the success of the remedy with which the purpose of the therapeutist was to be accomplished. For each of these offices a drug was selected, which of course was never intended to usurp the principal place, and measures were very properly taken to prevent the influence which any such ingredient might exert on the result becoming excessive.

Now, as we are not wishing to beat about the bush, may we be permitted to ask whether it is possible committees of selection sometimes regard it as falling within the scope of their endeavour to compound the little group of candidates chosen from a large body of applicants, of a certain gentleman meant to win, and as many more as may seem desirable to make a respectable appearance, and secure his election? Is there ever an adjuvant to aid in securing the support of a particular clique, but on no account himself to be successful; another luckless mortal whose unconscious mission it may be to act as a foil to the winning candidate, and make the running for him, but at the last moment to give way or fail; and perhaps a third, who is put in that somebody else may be kept out? If anything of this kind does occur, in all simplicity and good faith we venture to suggest that some high-minded reformer should do for this matter what has been accomplished more or less successfully for horse-racing, and compel committees of selection so acting to declare, a sufficient time before the encounter, with which of several candidates they intend to win.

Not to dwell further on the preliminary stage, let us pass on to that of election. What considerations govern the choice of medical committees, faculties, or councils, in determining which of several eligible candidates introduced by a committee of selection ought to be elected? Utopia is a long way off in principle, no less than in practice, and we are quite aware that personal predilections must and will have weight in the deliberations preceding any bestowal of patronage, and in a profession having so few prizes as the medical, they will, naturally, have greater weight than in others more favoured. Nevertheless, there are, or should be, limits beyond which personal predilections cannot be allowed to extend. It is to be regretted that, as a rule, the boundary line of prudence, and even dignity, is commonly better seen from an outside standpoint than from within, and, with the best intentions, men animated with an undoubted desire to discharge a public duty occasionally err on the side of friendship.

It is not, however, principally about considerations of this excusably partial kind we feel the greatest anxiety. The really urgent question is whether, in the election of a candidate for medical distinction—for example, the fellowship of a college; for some post of usefulness, as a professorship; or for an office which, in the opinion of the profession, should be filled by a medical man,—the qualifications of each applicant are weighed in the balance, and the appointment given to the best of the number; or, if other considerations, such as the political views, the theological bias, the social proclivities of a candidate, are investigated side by side with his professional qualities, and the final judgment based on a mass of subsidiary premises with which the one real issue has no relation and the profession no concern. We can understand a college jealous of its *prestige*, the curators of a chair anxious that its occupant should be both distinguished and successful, the members of a corporate body desirous to be served by an officer whose fame will reflect honour on themselves; but we are at a loss to understand how it happens that all the probabilities of an election or appointment are so frequently at the last moment overturned, and some candidate, of whose very existence the outside world has scarcely heard, is announced as the victor, with the self-evident inference that from the outset it has been a foregone conclusion that he would be elected, and, in fact, all the pains and disappointment to which others have been exposed were wholly gratuitous and vain.

It may be taken for granted that we do not throw out these uncomfortable suggestions without having convinced ourselves that they, not only disturb the mind of the profession, but have recently obtained so strong a hold on the

convictions of a considerable body of prominent men that, unless something is done to put an end to the hole-and-corner and tea-and-toast methods of selection and election, the time is not far distant when the distinctions which it is in the power of certain professional bodies to confer, and the offices which it seems desirable medical men should fill, will not be sought by persons upon whom it would be honourable to bestow them. The power of patronage is never long-leased, and seldom held on the most inalienable form of tenure. It is discreet to wield such power with an ever-present sense of responsibility. Nothing is easier than to sacrifice confidence, scarcely anything more difficult than to regain it when lost. We do not urge these reflections with the least desire to impute neglect or failure to particular bodies, but it is impossible not to feel that recent events have excited more than common astonishment, and there are pressing reasons why those upon whom devolves the duty of acting for, and in the interests of, the profession should be ably and cautiously advised.

OUR daily and weekly contemporaries have fully and fitly recorded all general particulars about the Arctic expedition, the pictorial journals have illustrated the dangers, the difficulties, and the privations encountered by each and all of the brave men who composed the crews of the *Alert* and the *Discovery*, and there are very few in the United Kingdom who do not believe that the Arctic events of the past eighteen months have still further increased British *prestige* for pluck, daring, and almost indomitable powers of endurance.

It behoves us, however, to take a sober and serious view of the sanitary aspects of this expedition, and to see whether our much-vaunted professions as to sanitary science, afloat as well as ashore, have borne good practical fruit in this case, in the prevention of disease, and the maintenance of health. For it must be remembered that no Arctic expedition started under more favourable auspices in this respect. A most bountiful supply of special clothing was provided, and any ingenious arrangements by which heat might be economised and comfort increased were adopted, and supplied without stint. All these were particularised in THE LANCET last year. The diet adopted was of course all-important. We may remind our readers that, on the sledging expeditions, the rations consisted almost exclusively of pemmican, tea or cocoa, ordinary biscuit, and an occasional ration of rum when weather permitted. No mention is made of lime- or lemon-juice, or any other special antiscorbutic. The diet afloat comprised preserved meats alternately with salt rations, preserved vegetables, baked bread alternately with biscuit, desiccated cabbage, onion powder and garlic, a ration of rum, two ounces of Edwards's preserved potatoes, and one ounce of lime- or lemon-juice, with an occasional allowance of beer. It is, however, with the sledging scale of diet that we are, on this occasion, particularly concerned. All records of the expedition that have as yet reached us show that, up to the time of departure from the ships, the health of the officers and men was excellent. But the narratives published prove that every exploring expedition was attacked with scurvy, and that within eleven weeks three-fourths of the chief party were more or less crippled. In again glancing over the particulars afforded us last year, we find that much stress is laid on the supposed value of the pemmican scale of diet on the score of portability, the transport of provisions and other necessary articles being one of the great obstacles to land exploration in the Arctic regions. We have searched in vain for any sanitary details in the accounts that are given of the early expeditions over land and ice by sledge locomotion. ROSS, BEECHEY, RICHARDSON, BELCHER, FRANKLIN, SUTHERLAND, and PARRY, each and all in their admirable histories of Arctic exploration speak of scurvy as an almost inevitable enemy. But it appears always to have occurred to them afloat, for no mention, general or special, is made of the disease as one of the particular obstacles to inland or over-ice journeyings; and hence we are bound to believe that during the sledge journeys in former expeditions the same, so to speak, antiscorbutic precautions were taken as during the ordinary life on board ship. And, indeed, it is natural to suppose that this would be the case, the difficulties as to transport of provisions &c. notwithstanding. The existence of scurvy having, however, been prominently held in view in connexion with the last expedition, we are bound to inquire whether the sledging scale of diet, as above particularised, was adhered to in its entirety, so as to exclude practically all antiscorbutics, except the occasional ration of rum, and if so, by whose order and sanction. And as to this last, it is proper to record our disagreement from Dr. RAE and other writers, who have declared in effect that alcohol promotes rather than prevents scurvy. Alcohol is undoubtedly an antiscorbutic (though not perhaps a powerful one), and was so considered by no less a man than the late Dr. PARKES, who, of all men, was very little disposed to recommend it either as an article of diet or a medicine. But it is no argument to record that the hard drinkers of a company were the chief victims to scurvy, inasmuch as they would have first succumbed to any other climatic or dietetic disease. This by the way. Rum is certainly in sledging expeditions not the best antiscorbutic, for, to paraphrase Dr. COLAN'S remarks at Portsmouth last year, "it frequently becomes in severe weather as thick as treacle, and is then little better than cold poison."

It appears to us that the scurvy question, as regards this expedition, lies in a nutshell. Were the men employed in the sledging journeys supplied with lime- or lemon-juice, or any other special antiscorbutic? And if not, why not? We ask for information on this point explicitly, because very precise directions as to diet and prophylactics were issued from the Department of the Medical Director-General of the Navy before the expedition started. In spite of all that has lately been written to the contrary, scurvy has diminished in the mercantile marine during the last eight years in an astonishing degree. Those who care to read notes of Arctic exploration will find that H.M.S. *Investigator*, of which Sir ALEXANDER ARMSTRONG, the present Medical Director-General of the Navy, was surgeon, was in the North Seas for no less a period than two years and four months before scurvy made its appearance; and both Dundee and Aberdeen whalers now come home after very long absences with no trace of the disease among their crews. Official records at the Board of Trade, the very valuable remarks of Sir ALEXANDER ARMSTRONG (in his "Observations on Naval Hygiene and Scurvy," published in

1858), and the unwritten but outspoken evidence of the whaling community in the North, all go to prove that lime- or lemon-juice, taken regularly, is really the best and most convenient prophylactic against scurvy with which we are at present familiar. It is somewhat the fashion to decry what are called antiquated remedies or preventives, but until there is strong evidence to the contrary, we are very much disposed to hold that the antiscorbutic introduced by LIND and BLANE into the Royal Navy, at the close of the eighteenth century, with such marked success, should as yet, under the exceptional circumstances of an Arctic expedition, be given as carefully and as regularly as in H.M.S. *Investigator* some twenty-five years ago.

WITH the beginning of the Winter Session comes the commencement of the work of the Medical Societies. The members, scattered abroad in all quarters of the globe during the summer and autumn, return with renewed zest to their professional labours and recreations, in both of which capacities rank the meetings of these societies. To some men they are mere social gatherings, where old friends meet for a pleasant evening; and so long as there is congenial society and opportunity for gossip, the character of the cases related, or papers read, is to them a matter of minor importance. Yet others regard them as affording a passing interest; they attend them to hear or see some new thing, and in proportion to the novelty of the facts or theories is their interest, which is in no wise abated if the discussion be enlivened by some personal encounter, or, short of this, by some eccentric or amusing speech. To such men the study of character afforded by the many diverse modes of thought and expression here brought together is a constant source of amusement, even if the subjects discussed are of little interest. The physician or surgeon is always, to some extent, an observer of men and manners, and there is no more pleasing field for his observations and speculations than amongst his professional brethren, especially when he can quietly, and without fear of remark, dissect them for his own delectation. We imagine that there are many to whom one or other of these occupations is a sufficient reason for swelling the number of those attending the meetings of societies. But many, perhaps the majority, and all at some time or other, are also desirous either of recording their experience for the benefit of others, of gaining light on obscure points of diagnosis or treatment, and of thus advancing the scientific standpoint of the profession. This, the true aim and object of the societies, is no doubt always kept more or less in view, and we cannot quarrel with the secondary interests if they tend to promote the primary.

It is interesting to observe the difference of atmosphere which characterises the different societies. Given in many cases the same men, the same place and hour of meeting, even the same subjects, and how varied is the product. It is difficult to explain how this comes about by any process of mental analysis. Taking, for the moment, the four societies which meet in the same place as better suited for comparison, what a difference there is in the pervading atmosphere of thought, expression, and even feeling. One might almost, if dropped down suddenly into one or other meeting, with no idea of which was going on, decide at once on the Society, even if nothing distinctive occurred. Certain differences would be remarked by a careful observer in the *personnel* of the assemblage. A somewhat scattered but highly respectable audience, including a fair number of grey heads, would betoken the more ancient and stately of the Societies—an air of ease and ownership, a sort of well-to-doness, showing that they meet on no sufferance. So, too, a crowded and eager audience, which includes more young than old, though many of all ages, evidently on the *qui vive* for something of interest, would, even apart from the array of jars and plates, microscopes, forceps, and towels, denote the Pathological nature of the meeting. These are the two extremes, and between them we may place the Clinical and Obstetrical as intermediate in character, though essentially diverse, and readily distinguishable.

Many causes may be assigned for these diversities, some of which are evident to all; others lie somewhat beneath the surface. There is a *lex non scripta* governing the methods and procedure of each which is as well, perhaps even better, understood than the formal rules and regulations. There are, too, the differences in the mode of election of officers, in the arrangements for the reception of communications and the subjects which are supposed to be discussed at each, which go to impress upon each its character. But these do not give us the complete explanation of the personality, the "*differentia*" of each, which, however it originated and by whatever means cultivated, is a reality and a powerful influence. No one who has even casually observed the meetings can have failed to observe this. There are some men who speak with readiness and decision and are listened to with attention at one or other of the Societies, who, when they essay to speak on similar subjects at another, seem to be baffled by the unusual atmosphere, and can say but little, and that little seems to fall flat. An indefinite something makes the bold bashful, the confident timorous; yet, with other surroundings, to the same audience, on the same subject, their utterances would be clear and unhesitating.

Amongst the more curious of the phenomena which we are considering is the fact that, given certain topics, there are some men who are always ready to give an opinion upon them, yet on the same topic the individuals vary with the different Societies. There are certain stock speakers who may be relied upon to make a few remarks on any given subject. They have, as it were, sounded its depths and heights, and can apply an unerring standard to new and unrecorded facts. Their opinion is often valuable, but is apt to be biased by their preconceived ideas. In all assemblies of men a similar class exists, and no less in medical than in political circles.

There are many advantages in the division and diversity which we have indicated. It allows a subject to be discussed in different ways by different "sets," and from different points of view, and it permits to some extent of a classification of the observations according to their nature and subject, and so far the gain is evident. But we must enter a protest against a practice which is springing up, of bringing before different Societies at short intervals of time cases of the same nature, under the same treatment, and under the care of the same individual. It is supposed by some—or at least their practice supports the belief—that truth

gains in force by reiteration of expression, that widely-scattered seed must bear fruit somewhere; and, not contented with a favourable reception in one Society, they must repeat, *ad nauseam*, their observations everywhere else. Hence every trifling case of benefit, real or apparent, from the use of some drug or some system of treatment, every application of a slightly modified instrument, or of some operation which has been invented or adopted by its advocate, is duly recorded, however little may be its variation or importance. There are some men whose personality seems to be swallowed up by one idea, which, in season or out of season, they propound and elucidate. Such a practice is injurious both to themselves and to medical science.

We have spoken at some length on this topic because it is one which is of great importance to the scientific value of the Society meetings, and if need be we shall recur to it. We must reserve for a future occasion some remarks on Societies as they might be.

WHILST the general truth of COHNHEIM'S researches upon the embolic process is fully and generally accepted, and his exposition of the dependence of embolic infarction upon the obstructed vessel being a terminal artery—i.e., an artery free from direct anastomosis with neighbouring vessels—has earned a place amongst accepted facts in pathology, there are yet some details in which it is possible that the statements laid down by him will require modification. With this view that observer's well-known experiments upon the arteries of the frog's tongue have been carefully repeated by Dr. A. KOSSUCHIN, in the pathological laboratory of Kiew, and an account of his research appears in the current number of VIRCHOW'S *Archiv*. Experimenting upon the arteries of the frog's tongue, he employed, like COHNHEIM, emulsion of wax for his emboli, but used ligatures of human hair in those experiments where the vessels were tied. The experiments by ligature are far more satisfactory than those in which the actual phenomena of embolism are attempted to be reproduced, as by injecting wax particles into the circulation, not only because of the certainty of having any particular vessel obstructed at will, but also because of the extremely inconstant and variable behaviour of the emboli, which, by obstructing some important vessel, may lead to death, or otherwise render nugatory all observations on the tongue. With regard also to the means of observation, Dr. KOSSUCHIN insists upon the tongue being replaced in the mouth after each observation, since the exposure and stretching of the organ not only leads to considerable vascular disturbances, but requires that curarisation should be kept up constantly during the whole period.

Dividing all arteries into three groups—the non-terminal, the transitional, and the terminal—the author explains that in the first-named division, where the anastomoses behind the seat of obstruction are sufficient to maintain the normal circulation in the region of the obstructed artery, the disturbance of circulation in this territory by the application of a ligature, or the impaction of an embolus, is only temporary, and is rapidly re-established. Similar obstruction to the flow of blood in arteries whose anastomoses are insufficient to carry on the circulation, leads to a retardation, and finally to a venous stasis within the territory of the obstructed artery. At the margins of this territory there is more or less collateral fluxion, evidenced by dilatation of the capillaries, which sometimes exhibit pulsations, and occasionally the phenomenon of the diapedesis of the red corpuscles is observed; but the stasis is never so complete, and the circulation is never so thoroughly shut off, as to lead to the necrotic processes which mark the development of hæmorrhagic infarction. To produce such a phenomenon the obstructed artery must be a terminal one; and for this purpose the frog's tongue serves well, since in it the number of anastomoses belonging to the main lingual artery (of which there is one on each side of the median line) is few, and when duly ligatured the main vessel becomes to all intents and purposes a terminal, comparable to the branches of the pulmonary and splenic arteries. The application of a ligature to such a vessel is immediately followed by pallor in the part to which the artery is distributed—pallor due to the constriction of the arteries, and the sudden arrest of the circulation in this territory. The stasis is but temporary, and is rapidly succeeded by a reflux of blood on all sides, through the smaller arterial twigs, by means of their capillary communications; a reflux commencing in that portion of the capillary network that corresponds to the first artery given off on the proximal side of the obstruction. The capillaries dilate, and slowly become full of blood, the movement of which gradually ceases by the second day. Sequential to this, and not taking place until the flow in the arterial branches has become slow, there occurs a condition of venous hyperæmia, owing to a reflux of blood into the veins belonging to the embolised territory from the surrounding area of normal circulation. The veins fill, and their contents take on a more or less rhythmical movement. In the vicinity of the embolised territory the blood-flow is accelerated in the arterial branches of the corresponding capillaries and veins. Of the capillaries, according to KOSSUCHIN, three distinct zones may be made out—viz., those immediately bordering on the embolised territory, in which no movement of blood is observed; next a zone of dilated capillaries with increased rate of flow, and a further zone, which can be seen as an injected network, from their great distension. After a time the stasis in the marginal zone gets gradually replaced by the entrance of blood from the outer capillaries, and the influx into the embolic territory takes place. Exudation of red blood-corpuscles, by diapedesis, begins in from four to six hours from the commencement of the experiment, and first in the hyperæmic zone, spreading thence to the capillaries bordering on the embolic region. Between twenty-four and forty-eight hours this region presents the appearance of a dark-red wedge. All its vessels, especially the veins, are dilated; a feeble to-and-fro movement is still maintained in those veins which directly anastomose with the veins where the normal circulation continues; but as yet the phenomenon of diapedesis only occurs at the periphery, becoming, however, more visible as distinct points and streaks of hæmorrhage. On the second or third day the pulsating movement of the blood in the veins and capillaries ceases, and with it also the migration of the red corpuscles in the zone of marginal capillaries; and on the third or fourth day necrotic changes set in, and more or less considerable hæmorrhage takes place within the

part supplied by the obstructed artery. The condition of hæmorrhagic infarction is established.

KOSSUCHIN maintains that the changes which occur in the vicinity of the plugged vessel, and the migration of red corpuscles from the capillaries bordering on its territory, are due to collateral fluxion; to which also he attributes, contrary to COHNHEIM, the influx of blood into the embolic region by way of the capillaries. The main point of difference between the two observers lies, however, in the part played by the backward current in the veins in the production of an infarction; COHNHEIM averring that when anastomoses are insufficient to allow of this venous reflux there is no infarction; KOSSUCHIN, however, by placing ligatures on the veins, has prevented this reflux, and yet found that all the phenomena, capillary fluxion, hæmorrhage, stasis, and infarction, ensue almost as readily as when the venous circulation is free. Nor does the present author agree with COHNHEIM in attributing the hæmorrhages from diapedesis to changes in the walls of the vessels produced by the arrest of their blood-supply, for he points out that this diapedesis is one of the earliest phenomena—that it takes place first in the peripheral parts of the embolised region, corresponding both in time and place to the heightened vascular pressure produced by collateral fluxion. On the other hand, the later hæmorrhages—viz., those on the third and fourth day—which take place in the central parts of the embolised territory, may well be attributed to alterations in the walls of the vessel. At the same time, this observer allows that diapedesis and exudation of liquor sanguinis &c. may in part be due to the changes set up by an interruption of the circulation through the bloodvessels, but he considers that the present doctrines of the embolic process do not lay sufficient stress upon the important part played by collateral fluxion in the production of hæmorrhagic infarction.

Annotations.

"Ne quid nimis."

INCREASE OF SMALL-POX IN LONDON.

JUDGED by the weekly returns of the Registrar-General, and those issued by the managers of the Metropolitan Asylum District, the prevalence of small-pox in London, which had remained almost stationary throughout October, showed a marked increase during the first week of November. On the 4th instant the two Metropolitan Asylum District Small-pox Hospitals at Homerton and Stockwell contained 231 patients, against 177 and 185 in the two preceding weeks. This was a considerably higher number than at any previous period since the present epidemic commenced, and exceeded by 27 the number for which these two hospitals were originally certified by the Local Government Board. No less than 101 new cases were admitted during the week. Since the 4th, the number of admissions, we are informed, has continued to increase, and there can be but little doubt that the necessity for occupying the space which has been provided at the Hampstead asylum will immediately arise, even if it have not already arisen.

The deaths registered from small-pox in London during the week ending the 4th inst. were 21, against 22 and 15 in the two preceding weeks. Perhaps the most unfavourable features in this week's return were the wider distribution of the fatal cases, and the fact that 11, or more than half, were recorded in private dwellings. Of the 10 recorded in hospitals, 8 occurred in the Metropolitan Asylum District hospitals, and 1 each in the Highgate Small-pox Hospital and St. Thomas's Hospital. Distributing the hospital cases to the localities from which they had been admitted, it appears that 8 of the deceased small-pox patients have resided in the north, 2 in the west, 1 in the central, 4 in the east, and 6 in the south groups of registration districts. Till recently the outbreak in London was mainly confined to the north and south districts; the last return bears evidence, however, of an increasing prevalence in East London, 2 fatal cases (unvaccinated) of children being registered in one house in Mile-end New Town, and 1 in Mile-end Old Town, in addition to a fatal hospital case admitted from Spitalfields. In the outer ring of London, 2 deaths from small-pox were registered at Acton-green: one of an unvaccinated man aged twenty-eight years; and one of an infant aged three weeks, who had been vaccinated, but whose mother had suffered from small-pox previously to the birth of the child.

With reference to the vaccination statistics of the 21 fatal cases of small-pox registered in London last week, the Registrar-General reports that "4 adult cases were certified as vaccinated, 11 were certified as unvaccinated, and in the 6 remaining cases the medical certificates did not furnish any information as to vaccination."

THE PSYCHOLOGICAL INSTINCT.

THERE are certain instinctive tendencies to particular lines of research which it is desirable to cultivate. We doubt whether what may be termed the psychological instinct is of the number. Even supposing there were some basal truth in spiritualism, it would be a grave question whether the multitude of weak and excitable persons who are "inquiring" into the subject might not be better advised. Just about Christmas-time, when the world is, or pretends to be, in a glow of generous perturbation, when pulses beat high, and faces flush with social excitement, a creepy ghost story is probably as refreshing to the mental system as an ice in the intervals of a dance proves to the physical. The growing practice of gathering neurotic people, or allowing them to assemble, at what are politely called *séances*, for the purpose of holding converse with denizens of the spirit-world, is so debilitating to the mind and debauching to the moral sense that it needs to be stigmatised in terms at once trenchant and dissuasive. To speak plainly, while strong-brained beings may indulge in this form of dissipation without more serious consequences than perhaps *a trifling weakness of memory*, minds of less robust mould may suffer severely. Anything more perilous than the custom of permitting young persons of either sex to participate in this abuse of mind-power it would be difficult to conceive. It is time an appeal were made to the better judgment of the President of the "Psychological Society," to his experience as a public administrator of justice, to his knowledge of human nature, and to the calm consideration of other prominent patrons and leaders of this last new craze. The serious question is whether these strong men are not heading a pursuit in which weaker heads will be turned, to their permanent injury? We say nothing now as to the truth or falsity of "Spiritualism," it is our sole object to raise a warning voice. Already we fear irreparable mischief is being wrought. Minds that have hitherto done wondrously well in the world are showing signs of weakness. The worry of trying to be quite sure whether there is a force outside the material world which will bridge over the gulf between the present and the past—those who now tread this earth and

those who have passed out of normal sight and hearing, is beginning to tell on the mental strength of some who have been lured into the toils of a psychology which is no longer science, because it has cast adrift the principles of nature, and elects to riot in vain imaginings and idle conceits. Against this spurious manifestation of the psychological instinct we protest, the more earnestly because it is not only false in itself, but, like most false things, injurious to others.

MR. GLADSTONE ON VACCINATION.

IT is lamentable to behold a man who has done such great things, and possesses such a high character as Mr. Gladstone, occupying himself in pulling to pieces his own reputation in the way he is doing. Has no one sufficient influence to prevent his committing political suicide through his irrepressible letter-writing, his irritable conscience, and "open" mind? It is easy to understand and pardon the indignation of a humane and generous-minded man at the atrocities in Bulgaria. Still, there were many among his admirers who, to put it very mildly, questioned the soundness of Mr. Gladstone's judgment, and regretted the part he has played in the Eastern question. What will they say now that he has supplied them, on a practical every-day matter about which there is and can be no dispute whatever, with such grounds for distrusting his judgment? It is surely "no aggression upon private liberty" to prevent an individual from exercising his own liberty at the expense of everybody else? It either is, or is not, true that by vaccination we prevent or minimise the action of the small-pox virus, and, being true beyond all reasonable doubt, a community has not only the right to enforce vaccination, but it would be neglecting its obvious duty by not doing so. It is too late for Mr. Gladstone to "keep his mind open" on such a question as this. It was his duty to have made it up, or kept silence. Mr. Gladstone's enemies will declare that this letter on vaccination is like the "bag and baggage" policy of his pamphlet, which Lord Derby declared to be "altogether outside the range of practical politics." While Mr. Gladstone's letter is calculated to do a public injury, especially at the present time, when we are threatened with the epidemic of small-pox, it is still more calculated to injure himself, to awaken regret among his friends, and strengthen the growth of that distrust in his practical judgment which may prove rapidly fatal to his character as an English statesman.

RELATIVE DISEASE FATALITY IN ENGLAND AND SCOTLAND.

THE Registrars-General of England and Scotland have each recently issued an annual report; but whereas the English report relates to the year 1874, the Scottish report does not relate to a more recent year than 1872. It is matter for regret that the reports for England do not now appear until more than a year and a half after the close of the year to which they relate; but to the uninitiated it appears both inexplicable and inexcusable that the publication of the Scotch reports should be delayed a further period of two years. In considering the relative mortality from the principal diseases in England and Scotland it is impossible, in consequence of the dates of publication of these national statistics of mortality, to compare the figures for a more recent year than 1872. The annual death-rate from all causes in England and Wales, in 1872, was equal to 21·3 per 1000, whereas in Scotland the rate was 22·3. This excess in the death-rate of Scotland was somewhat exceptional, as in the ten preceding years the English rate was 22·6, and the Scottish rate 22·2. Although the gross death-rate in these two portions of Great Britain differ so slightly, the variations in the proportional fatality of different diseases is not inconsiderable. We are indebted to a table in the Registrar-General's report for Scotland for the means of comparing the relative rates of mortality from the nineteen most fatal cases in England and Scotland in 1872. Phthisis is the most fatal disease in both countries, but the rate per 1000 persons living was 2·30 in England and 2·64 in Scotland. The excess of fatality from bronchitis was still more marked in Scotland; the rate per 1000 from this disease being respectively 1·87 in England and 2·39 in Scotland. Taking these diseases together in equal numbers living, the Scottish fatality exceeded that in England by more than 20 per cent. It appears probable, too, that this excess is understated, as in Scotland a far larger proportion of deaths are registered from "old age," and it may reasonably be presumed that some of the deaths so returned were the result of bronchitis. Among these nineteen most fatal diseases are to be found five belonging to the zymotic class —small-pox, whooping-cough, fevers, scarlet fever, and diarrhœa. The death-rate from the first four of these diseases was equal to 3·0 per 1000 in Scotland, and to 2·6 in England; from diarrhœa, however, the rate in England was 1 per 1000, and just double that which prevailed in Scotland. The smaller fatality of diarrhœa in Scotland, and the far smaller proportion of deaths referred to atrophy, debility, premature birth, and convulsions, in great measure account for the lower rate of infant mortality which prevails north of the Tweed. The deaths referred to apoplexy and paralysis are proportionately rather more numerous in Scotland than in England, whereas those assigned to heart diseases are almost identical in both parts of Great Britain. The death-rate from cancer was rather higher in Scotland than in England, as was the proportion of deaths resulting from fractures and contusions. This comparison would be more valuable if it related to a series of years instead of a single year, but the fact that the fatality of fever was 16 per cent. higher in Scotland than in England during 1872 is not without interest as evidence of the relative sanitary condition of these portions of the island in that year.

MILLBANK PRISON AND ITS SANITARY LESSON.

PARLIAMENTARY blue-books are not usually regarded as a pleasant form of periodical literature, and their readers are consequently somewhat limited in number. Still, as most people know, important statements of fact are to be found inside their blue covers, and we should regret if the following valuable and suggestive information were lost sight of by being officially entombed in one of these volumes. Although some of the information is not altogether new, it is none the less striking or instructive on that account. The medical officer of Millbank, in his report for 1875, remarks that the prison continues to be almost free from diseases of the miasmatic order, and this is equivalent to stating that diarrhœa and dysentery, small-pox and erysipelas, typhus and typhoid fever, are all but extinct as causes of mortality. With regard to the mortality from enteric fever, the contrast between the ten years 1845–54 and the twenty-one years following is very remarkable During the first period there were fifty-seven deaths from that disease; during the second, only three. The improvement in the water-supply, which was effected in August, 1854, constitutes the separating line between the two periods. Prior to that date the prison had been supplied with Thames water, pumped in from the river immediately opposite the gates, and afterwards filtered. This supply was cut off, and water from the artesian well in Trafalgar-square took its place, with immediate benefit to the health

of the inmates of the prison, and a large reduction in the rate of sickness and mortality. Fifteen years have now elapsed since a case of typhoid fever originated here, and it may therefore be fairly said that in this prison that disease is extinct. Millbank, however, by no means stands alone among the Government prisons in this respect. An enviable security is enjoyed, but it is not monopolised. The medical officer states that, in the annual medical statistics of these prisons for the twenty years 1855–74, only eight deaths are ascribed to enteric fever, or ·40 per annum, in a population, male and female, averaging 7913. During the five years 1870–4 only two deaths were caused by this disease in an average population of 9509. And he may well add that, if the sanitary securities enjoyed by the inmates of the convict prisons could be extended to the general population of the country, many thousands of lives would every year be saved. Whatever be the views that are entertained as to the exact nature of the *rôle* played by impure water in the causation of certain diseases, no one doubts that a plentiful supply of pure and wholesome water is absolutely essential to public health, and that, practically, all sanitarians must work up to that standard.

THE SUBSOIL OF ROME.

A CORRESPONDENT of the *Athenæum* (Signor R. Lanciani) gives in that journal for the 7th inst. a curiously instructive account of the subsoil on which Rome now stands. He states that it consists of a mass of ashes, of vegetable and animal *detritus*, corrupted by contact with the filth of sewers, constructed at different periods, without any regard to the public health. Immediately after the fall of the Empire, the law forbidding burials within the walls was neglected, and the city became a vast cemetery, where the living dwelt in perpetual contact with the dead. First the burials invaded the ancient ruins, and, in a long experience of archæological research, he had never found a single ancient building which did not conceal corpses,—often only a few dozen, but sometimes millions. The fact that each parish church had its cemetery at its side explains the greater part of these dismal discoveries, but sometimes it is necessary to have recourse to other hypotheses more or less problematical. The subsoil of the Piazza Colonna, the gayest and most lively spot in the city, is strewed with corpses. It was the cemetery of the church (now destroyed) of S. Andrea, first discovered in 1625, in digging in the piazza for a water-conduit. The same remark applies to the Piazza del Pantheon, the former burial ground of the Church of S. Maria ad Martyres. In 1871, when Signor Lanciani was superintending excavations in the Forum and Basilica Julia, he saw carried away at least 12,000 cubic feet of human bones which had been buried at the side of the Chapel of S. Maria delle Grazie. A passage is quoted from Flaminio Vacca on the same subject, which is very characteristic:—"In the Thermæ of Constantine," says he, "opposite the Church of S. Silvestro, in a garden belonging to Bernardo Acceaguoli, were found two enormous subterranean vaults, 100 palms long and 30 wide, filled with several thousand corpses. The entrance to these dreadful vaults had been carefully stopped up, and the bodies were packed so close one on the top of another that there remained hardly a cubic foot of space free" ("Memoria," 112). Signor Lanciani does not doubt that a burial-place so singular owed its existence to one of those terrible epidemics which ravaged the city between the twelfth and sixteenth centuries, and he observes:—"No wonder that during the great heats of summer the excavations have to be suspended from a regard to the public health; and that when, under exceptional circumstances, something has to be done, it is often effected at the cost of life and health of the workmen." The construction has been commenced, Sig. Lanciani states, of a collecting drain, which is to connect the basin of the Colosseum with the Tiber, passing through the Via Triumphalis and the valley of the Circus Maximus. In digging for this purpose, at the great depth of thirty-three feet, the workmen came upon, not far from the Church of S. Anastasia, a reservoir of water, of the eighth century U.C., an hydraulic work of great importance, and already known through the descent of the archæologists Cassio, Fea, and Vijconti. A young architect, employed by the municipality, was sent to sketch the monument. Some hours after he had finished his work he had an attack of fever, which nearly cost him his life; and the same thing happened to one of those who had accompanied him and had helped him. Sig. Lanciani gives another suggestive anecdote. At the beginning of last July, when the tenders for the construction of the railway from Rome to Fiamicino were adjudicated, this remarkable postscript was added: "All the workmen who shall assist in the works have a right to unlimited distribution of quinine. Those who work in the neighbourhood of Fiamicino will have a right to the gratuitous attendance of the municipal doctor of the place, as well as (if necessary) to an honourable place in the cemetery."

Sig. Lanciani congratulates the municipal authorities of Rome on the pains they are taking to amend and abolish this deplorable state of matters. The drainage of the new quarters of the Vimerial, the Quirinal, and the Esquiline, as well as of the three great arteries which converge at the Piazza del Popolo, has, he states, been perfectly accomplished; and, if Government assent to the demand for a loan of six millions sterling, which was presented the other day by the syndic, Sig. Venturi, a million of that sum will be applied to completing the network of sewers, after the system which has made the reputation of Mr. Bazalgette.

SLEEP-PRODUCERS.

THE practice of putting children to sleep with sleep-producers—it would be better to say, sleep simulators—has been so repeatedly and completely exposed, that it would be very difficult to add anything to the array of argument against this shortsighted and perilous expedient to procure quiet and save trouble. Even in the trouble-saving aspect of the practice it is a failure, because, in nine cases out of ten, the child physicked to slumber is more "troublesome" afterwards, while, by inability to digest its food, and the suffering entailed, it calls for more nursing and greater pains in rearing than one not so drugged. The possible administration of too large a dose, or the contingency of a box of pills, a packet of lozenges, or a bottle of drops being left about so that the child poisons itself, and thus abbreviates the experiment, are matters with which we have now no direct concern. No doubt poisoners ought to be careful of their appliances, and persons who play with perilous weapons may be fairly asked to keep them out of the reach of those who are not engaged in the sport, but who may possibly fall victims. It is not a pleasant thought that nurse or mother carries about, and therefore probably leaves about, remedies for sleeplessness which, taken somewhat in excess, will produce the long sleep from which there is no awakening. To the domestic druggist herself there is danger—at least of remorse. We remember a case in which an anxious and affectionate mother, so careless, fancying her much-loved infant a little feverish, administered what she supposed to be a cooling powder. It was neatly packed by the chemist, as such powders are commonly packed. Instead of antimony, however, the paper contained a full dose of strychnine, and the child was

dead in less than half an hour. This was one of the contingencies of a reckless practice. When a child dies from taking the "right" drug, but too much of it, the result is the same. It is scarcely to the point to say druggists should not sell opium pills or morphine lozenges. The law will need to go much farther than it does if the sale of poisons is to be placed under adequate protection. At the present moment, the position of matters is simply grotesque. It would seem as if the net had been purposely constructed with a mesh large enough to let all the fishes escape. Nothing short of entire reconstruction can make the statute-book respectable, and when this is accomplished there will be the domestic medicine-chest, with its bottles and drawers brimming with poisonous drugs, always capable of replenishment. The radical fault lies deeper than this surface-mending can reach. While lay people will play with edged tools, and it pleases them to do so, no restrictions or prohibition can keep these instruments of danger out of their hands. If the law were made tenfold more stringent, they would take to concocting their own "simples," and the poison would only be home-made instead of procured, a difference of no great moment, at least to the interests of human life.

THE CHAIRS OF PRACTICE OF PHYSIC IN EDINBURGH AND GLASGOW.

PROFESSOR GAIRDNER, in giving the introductory lecture of his course on the Practice of Medicine in the Glasgow University, referred in terms of magnanimity to the recent contest for the chair in Edinburgh. He said:—

"Of the distinguished and able teacher who has been elected I will only say at present that no man can know and appreciate his worth and value better than I; and, therefore, no man ought to bid him more heartily god-speed in the great and good work which he is undertaking. Of the more petty and evil influences of such a contest, if such there be incidentally arising, I hope that neither he nor I will ever say or think anything hereafter. For myself, I feel as if I could brush such things away, or shake them off as a duck shakes water off its back. When I meet Dr. Grainger Stewart, which I hope I will do ere long, I shall proffer him the grasp of brotherly friendship, and I shall expect the same from him. We are both of us far too much occupied with better and nobler work than to have time even to think upon the past, and we are both too healthy in our mental constitution, I hope, to allow such things for a moment to dwell in our minds."

It were well for the profession if all its combatants could take such a view of contests, even when unsuccessful. There will evidently be no rivalry between the Professors of Practice of Physic in Edinburgh and Glasgow respectively, but such as will be for the good of the schools and the advancement of the art and science of medicine. We hope this will be eager and keen.

THE AMMONIA TREATMENT OF SNAKE-POISONING.

IT is surely time that we heard the last of this subject. Professor Halford's alleged discovery had for some time all the advantage of an extended and uncontradicted publicity, notwithstanding the scepticism with which the statements in regard to it were received. Poisonous snakes are happily not common objects in a country walk in this part of the world, and whatever might have been our own incredulity as to ammonia being a remedy for snake-bites, it was impossible to put the matter immediately to the test of experiment. The believers in the efficacy of intra-venous injection of ammonia had the field to themselves, and a plentiful crop of cures of snake-bite came over in the Melbourne papers. The facts that soon reached this country from India, however, left not a shadow of doubt that the whole thing was founded on a misconception, and the reports of committees appointed in that country and in Victoria have ratified that view. This is not, after all, a very rare occurrence in the history of therapeutics, and wisdom would have counselled that the best course under the circumstances was to allow the matter to perish of inanition by saying nothing more about it. We find, however, by a recent number of the Melbourne *Daily Telegraph*, that the ammonia treatment of snake-bite is still to the front; but we think that it has this time received its *coup de grâce* from Mr. Vincent Richards, than whom no one is better, or so well, entitled to pronounce a judgment that should be final as to the utter inutility of the ammonia remedy for snake-bite; indeed, Mr. Richards goes so far as to style the ammonia treatment "an arrant piece of quackery." Our contemporary, the *Daily Telegraph*, adds that Prof. Halford began this hard hitting, and in controversy as well as in science he has met his master.

METROPOLITAN LOCAL MORTALITY RETURNS.

THE Local Board of Works, as the sanitary authority of Whitechapel, is reported to have reluctantly agreed to a resolution the effect of which is that in future the local registrars are to be paid for supplying weekly mortality returns to the medical officer of health, Mr. John Liddle. This resolution was the result of a representation from Mr. Liddle, that in the face of the prevalence of small-pox in the metropolis, some arrangement by which he should have prompt information of all fatal cases of zymotic disease was urgently called for. We have elsewhere noted that two fatal cases of small-pox (both unvaccinated children) were recently registered in Whitechapel; it is satisfactory, therefore, to know that in future the sanitary authorities will receive prompt information of such deaths in consequence of this tardy and reluctant consent to pay for these mortality returns. Of the thirty-nine metropolitan sanitary authorities, the vestries of St. George's (Hanover-square) and Clerkenwell, and the local board of Holborn, are now the only three who persist in refusing to supply their medical officers of health with these returns, so indispensable at an epidemic period like the present. We shall be glad to hear that the three medical officers of health of these districts have followed the example of Mr. Liddle, and made firm representations of the dangerous disabilities under which they are endeavouring to perform their necessary sanitary duties during the prevalence of small-pox.

CORONERS, AND DEATHS OF CHILDREN WITHOUT MEDICAL ATTENDANCE.

IN a recent weekly report of the medical officer of health for Bradford it was mentioned that the cause of the death of a child, aged six years, was stated to be "fever," but that it was uncertified, the child having died without receiving any medical attendance. It is not stated whether this case had been submitted to the coroner, but the fact remains that no inquest was held. If the parents of this child had belonged to the "Peculiar People," and had refused to call in medical assistance on the score of their religious tenets, the death would probably have been the subject of an inquest, and the parents might have been prosecuted for the neglect. In the case above mentioned, however, which is only one of hundreds that are occurring around us from day to day, the neglect of the parents, because it is due to apathy or ignorance, instead of an article of faith, is not even inquired into, much less punished. Coroners, in the exercise of their irresponsible discretion as to the holding of inquests, very seldom acknowledge the necessity for holding inquests upon the bodies of children whose

parents neglect to provide medical attendance during their last illness. The State, moreover, which imposes upon the medical profession the duty of supplying gratuitous medical certificates of the causes of death of all persons who receive medical attendance, provides no machinery for ascertaining satisfactorily the causes of other deaths. It may be hoped, if not demanded, that when the appointments and duties of coroners are under revision, which will probably be before long, this dangerous and anomalous state of things will be rectified. In the meantime coroners, by not holding inquests in such cases as the one above alluded to, are assuming a grave responsibility by sanctioning neglect of infant life, which is highly conducive to the excessive rate of mortality among children in our large towns.

AN ARMY DOCTOR'S HOLIDAY.

THOSE who croak over the alleged physical degeneracy of the British race may possibly be edified by perusing the descriptions of feats of endurance and pluck recently performed by Englishmen. Lieut. Cameron's walk across the heart of Africa, and Captain Burnaby's ride to Khiva, will be ranked with some of the brightest tasks ever achieved by resolute men. Our own profession has also lately furnished an instance of the same sort of courage, which well deserves chronicling. As an advantageous mode of spending a holiday, it may be held out as an example to others. Surgeon Waters, of the Bombay army, having obtained leave of absence for three months, proceeded from Bushire in a native boat to Sheef. He then travelled on horseback through Persia to the borders of the Caspian Sea, covering a distance of nearly a thousand miles in fourteen days—an average of seventy miles a day. From the Caspian he travelled by steamer, river-boat, and rail, by the Trans-Caucasus, Astrakhan, and Warsaw, across Prussia, to England. In returning he took a route attempted, it is said, by only two Europeans before—namely, from Alexandria to Beyrout, thence to Damascus, and straight across the great Syrian desert, and so by historic Baghdad to Bushire, whence he started. In the course of his arduous journey Dr. Waters consumed but half a small flaskful of brandy.

ANÆSTHESIA BY INTRAVENOUS INJECTION OF CHLORAL.

THE method of producing anæsthesia by the injection of solution of chloral hydrate into the veins, first practised by M. Oré, of Bordeaux, still finds advocates, and has been employed quite recently with success. The dangers of the practice far outweigh, in our opinion, its supposed advantages, and this is the conclusion at which most experimenters have arrived. Drs. Tizzoni and Fogliata have undertaken a series of experiments with the view of elucidating the following questions:—1. Is chloral when injected into the blood a true anæsthetic? 2. Is the method free from great dangers? 3. What are these dangers? And 4. Upon what tissue elements does chloral act? From numerous experiments, they arrived at the following conclusions:—1. That although chloral, when injected into the veins, is a powerful hypnotic, it is not a true anæsthetic; the cutaneous sensibility ceases only when a very large dose is given, and the cornea almost never becomes entirely insensible. 2. That the process is very dangerous; for the exact dose cannot be regulated, the action is highly variable in different individuals, there is no means of moderating the action if excessive, and that it may lead to phlebitis. Add to this, that a large quantity of fluid is injected suddenly into the circulation, and may lead to ill effects, or air may be introduced. In an excessive dose, chloral produced death by its direct action on the heart, the action of which ceased in diastole. 3. Their experiments led them to believe that the poison acts directly on the muscular fibres of the heart; that when locally applied it causes contraction of these fibres, and thus produces a tetanic systole of the ventricles, but when injected into the blood or beneath the skin, or given by the mouth, it excites the "diastolic extensibility" of the muscular fibres, and thus produces a forced diastole. They add that subcutaneous injection of chloral is not more desirable, as it causes local muscular spasm, and hence absorption is slow and irregular, and that it is liable to cause gangrenous abscesses. As an antidote in poisoning by chloral they recommend the cold douche to the head and spine; and consider injections of strychnine, quinine, atropine, and curare injurious. These results will, we trust, deter English surgeons at least from a method of procuring anæsthesia which is at once so gratuitously dangerous and so doubtful in its effects.

PERENNIAL SLAUGHTER.

THE mortality of infants in Calcutta is of a magnitude that is truly appalling. In a report presented to the municipal authority by Dr. Payne, the health officer, the question is dealt with at some length. It is shown that the general death-rate of infants under one year, among all classes, Hindoo, Mahomedan, mixed race, and non-Asiatic, reaches the annual average of 480 per thousand, the rate ranging from 184 in the last-named to 598 among the Mahomedans. Of every thousand Hindoo children born in 1875, there died 596 within the year, and of the Mahomedan no less than 735. "A native child born in the town," writes the health officer, "has a chance of life considerably less than that of a person attacked with cholera." Perhaps it is superfluous to say that this great waste of infant life depends on the pernicious habits and practices of native families, and is largely preventable. It would be most interesting to trace the mortality of succeeding years of infancy and childhood, so as to obtain approximately the life-prospects of an Asiatic child born in Calcutta.

FOOTBALL.

WE are glad to find that we are not alone in the condemnation of the present violent manner in which football is at present played, and that many persons, especially parents, are coming round to our way of thinking. The Oxford correspondent of *Land and Water* adds a considerable contribution to "the small percentage of accidents" already published this year. He says—"My allusion last week to the accident ward was no exaggeration. A Keble man has had his arm broken in two places; a New College man has broken the bones of his ankle; and an old Cambridge man, bearing the well-known name of Mallam, of Trinity Hall, has injured his knee-cap to such an extent that he will be a prisoner to his bed for eight weeks, and probably prisoner to the house for eight months. To crown all, news reaches me from Marlborough School of two broken thighs; and they say that at a masters' meeting recently held, the rules of this somewhat violent game have been considerably modified."

NUISANCES NEAR BARRACKS.

THE perversity of erecting manure works in the immediate contiguity of barracks for soldiers should draw down summary correction on the offenders. Some time since, the Brighton Town Council received a letter from the Secretary of State for War with reference to a nuisance caused by certain manure works near the Cavalry Barracks at Preston, and enclosing a report thereon from Surgeon-Major Ffolliott, 20th Hussars. Dr. Taaffe, who was requested to report on the subject, stated that a depôt for storing and works for

compressing manure were established immediately opposite to and at a distance of about a hundred and twenty yards from the officers' quarters, and not more than twenty yards from some dwelling-houses. At the time of his visit there were several thousand balls of compressed manure deposited in the place. It is almost supererogatory to affirm that such depôt and works are an offensive trade, a nuisance, and injurious to health. We trust the nuisance will be suppressed without loss of time. Meanwhile we may ask how it was that the sanitary authority permitted the establishment of such a manufactory.

ADMINISTRATION AT THE HOSPITALS OF THE METROPOLITAN ASYLUMS BOARD.

IT was announced at the last meeting of the Metropolitan Asylums Board, held on the 4th inst., that the Local Government Board had intimated, by letter, their resolve to adhere to the terms of the orders issued last year relative to the administration of the small-pox and fever hospitals. Mr. Sclater-Booth, having given his personal consideration to the question at issue, "regrets that he cannot sanction the perpetuation, by general orders, of a dual system of government in these hospitals, but must maintain the principle of unity of authority, and the general supremacy of one superintendent." We referred to this subject specially in THE LANCET of the 28th ult.; and have indicated once and again, in detail, the impracticability of carrying on the work of a large hospital, or indeed any other establishment, without the existence of a single supreme head, to whom all matters causing clashing or discussion should be referred. And we are in this case entirely in accord with the President of the Local Government Board, that the proper person to be placed in responsible authority at the hospitals administered by the Metropolitan Asylums Board is the resident medical superintendent.

LORD MAYOR COTTON AND CHARITABLE INSTITUTIONS.

CHARITABLE deeds have distinguished a long line of successive Lord Mayors, and, whatever may be the political proclivities of the chief magistrate for the time being of the City of London, he may always be relied upon to take a leading part in every movement calculated to improve the moral or physical wellbeing of the inhabitants. It would be strange if such noble endeavours to ameliorate the condition of the poor as we have witnessed within the last few years were not appreciated by every section of the community. We are glad to read that last Saturday a deputation, composed of the secretaries of sundry charitable and benevolent institutions, waited upon the retiring Lord Mayor to express their acknowledgments of the valuable aid rendered by his Lordship in the earnest appeals he had made, and the example he had set to others in the way of personal contribution, which had resulted in material benefit to their respective institutions. The record of the services so rendered by Lord Mayor Cotton was emblazoned on vellum. This spontaneous offering is honourable alike to receiver and givers.

A PLAGUE-SPOT.

IF there is one street more than another in the metropolis demanding the application of the Artisans' Dwellings Act it is Bedfordbury. One of THE LANCET commissioners some time since visited the place, and his description of the dreadful state of overcrowding and filth in which the denizens of the rookeries comprising the street lived was sufficient to condemn the place as a veritable plague-spot. Nothing, however, as far as we are aware, was done by the sanitary authority—the vestry of St. Martin's-in-the-Fields—to remedy the state of the wretched people. The medical officer of health for the district, Mr. J. Skegg, now calls the attention of the vestry to the condition of the quarter. Dealing with the two houses, Nos. 37 and 41, it appears that the former is occupied by thirty-three people living in six rooms. No. 41 is occupied by thirty-six people living in nine rooms. In one room there is a family of six, and in another a family of seven. The water of the cistern which supplies the closet is also used for drinking purposes. "These two houses may be taken as a type of the condition of the houses in Bedfordbury," writes the medical officer. The adjacent courts—refuges of what is lowest and most hopeless in humanity—are even worse. If the whole block could be set on fire without prejudice to adjoining property, it would be the best thing that could happen to the parish. It would seem hopeless to attempt to purify it by any other means.

WE gather from the recently issued annual report of Major Bolton, the water examiner, that considerable progress was made during the past year by the water companies in carrying out alterations and improvements in their works, with a view of providing more effectual means of filtration and storage, and extending the system of constant supply. It does not appear, however, from the analysis of Dr. Frankland, that the organic pollution contained in the Thames water delivered in the metropolis is diminishing to any appreciable extent. The number of companies at present supplying London is eight, the sources of their supply being the Thames, the Lea, and deep wells. It may not, perhaps, be generally known that the water of each of the companies is analysed every month by Dr. Frankland, and that Major Bolton makes monthly inspections of the waterworks, for the purpose of ascertaining the quality and quantity of the supply, the arrangements for filtration and storage, the provision for meeting fires and other emergencies, &c. The results of these analyses and inspections are included in a monthly report to the Local Government Board. Certainly it is not for the want of supervision that we are denied the luxury of pure water.

SOME time ago the *Pharmaceutical Journal* announced that steps were being taken with the object of "establishing an organisation which should control that class of chemists who apply themselves to technical matters under the designation of consulting and analytical chemists." Since then many schemes have been suggested and discussed, without arriving at any definite result. It appears, however, to be felt that the end in view cannot be obtained through the medium of the Chemical Society. It has been proposed that the new body shall be styled "The Institute of Professional Chemists of Great Britain and Ireland." Its objects generally will be the advancement of chemistry in its application to the arts, manufactures, agriculture, and public health, and the security that persons adopting the profession of consulting chemists, or acting as analytical chemists, shall be qualified by study and training for the discharge of the duties they undertake. Until we learn what has been done at a meeting held a few days ago we must defer expressing any opinion on the movement.

THE session of the Epidemiological Society was opened on Wednesday last by an address from the president, Mr. Netten Radcliffe, who took for his subject the present position of epidemiological science, treating it, not as a question of results, but as a question of method by which results are obtained. We shall next week publish an abstract of Mr. Radcliffe's address.

THE west of England generally appears to have suffered considerably from fever within the last few months. We have before now called attention to the prevalence of enteric fever in one or two localities. In Cornwall, Falmouth and Penzance have been heavily visited. In the former town the number of deaths from scarlet fever in half a year amounted to about fifty. The disease was most virulent in the better quarters, and has done little mischief among the poor. The local sanitary authority seems to be doing all in its power to improve the condition of the town, and is at present perfecting a system of sewerage. Penryn has not suffered perhaps quite so much as Falmouth, but still enough to rouse the authority into activity. It has, at a cost of over £2000, constructed sewers and drained the greater part of the town, and is still prosecuting sanitary measures. A local paper points out that there is yet one very important work to be done. The whole of the sewage discharges at the head of the Penryn creek or river, which is tidal, in such a way as to be itself a nuisance. A remedial action in the shape of an intercepting tank at the outfall is advocated.

THE recent epidemic prevalence of small-pox in Derby, and the few fatal cases that occurred, may be accepted as evidence that the disease is no longer the just cause of alarm it once was. In the latter part of July small-pox was imported into Derby from Liverpool, where it had for some time been prevalent, and on the 27th of that month the first case was admitted into the Derbyshire Infirmary. Since this case, nearly fifty others have occurred in the town, but of this number only two have proved fatal, and the medical officer of health reports that both these were of unvaccinated persons.

ON the 12th inst. the third annual collection for the Dublin Hospital Sunday Fund will take place, and as last year showed a decided increase in the amount obtained, we may naturally expect that there will not be a falling off on this occasion. In 1874 there was £3306 divided among eight charities, and in 1875 twelve hospitals benefited by the sum of £3619. We regret that the authorities of the Roman Catholic Church still refuse to join in the movement, and trust at no distant day to find that for objects so meritorious all denominations will cordially co-operate.

THE green-bearded oysters found in the Roach at Paglesham, Essex, have hitherto been exported to France *vid* Ostend, where for some years they have commanded a ready sale. Oysters are, however, becoming so scarce and so costly in England, that the proprietors of the Paglesham oyster-beds purpose, very sensibly, to make a market at home. It is now generally known that the green pigment on the gills of these oysters is (as Mr. Frank Buckland writes in *Land and Water*) due to the sporules of a seaweed, called "crow-silk," which grows abundantly in the Roach.

SOME difficulty in dealing with gas and blood-manure nuisances has been experienced by the sanitary authority of Hackney, depending on points of law, and this body has sought the assistance of the Metropolitan Board of Works in the matter. There are several factories to be dealt with, the odour from which is excessively offensive and indubitably prejudicial to the health of the inhabitants.

A DAILY contemporary states that an epidemic of a most alarming nature broke out last week on board Her Majesty's ship *Favourite*, a guard-ship, when lying at her moorings at Queensferry. Over seventy of her crew were seized with violent vomiting and purging, and several of them became quite prostrate. One man, the ship's cook, died after a few days' suffering. No post-mortem examination, unfortunately, was made. It was at first supposed that the epidemic was caused by the consumption of diseased beef, but a specimen which was sent to Dr. Littlejohn, of Edinburgh, for examination, was pronounced to be innocuous. At the present time the greater part of the crew have sufficiently recovered to resume their duties; seven, however, are still seriously ill. It is very remarkable that no member of the officers' mess was attacked. Inquiries were made on board and in the village from which the provisions were obtained, and evidence taken. At the latest date the *Favourite* had sailed for Portsmouth, where she will be refitted.

THE PRACTICAL USES OF BROMIDE OF CAMPHOR.

SINCE the researches of Bourneville and of Lawson, in 1874, various therapeutical facts of importance have been published in connexion with monobromide of camphor, a comparatively new drug, discovered by Swartz in 1862, and accidentally employed for the first time by Deneffe in 1871. The recent publications to which we refer are, especially, the communications of Raymond to the Paris Society of Biology, of Dr. Clin to the Academy of Sciences of Paris, the inaugural theses of MM. Pathault and Petrovitz, the interesting observations of Profs. Vulpian, Desnos, Gallard, Siredey, and Lannelongue, and a paper of Dr. Berger, read before the Silesian Society. It seems that with these data enough is now known of the drug to indicate its valuable properties and its well-defined uses in certain classes of diseases.

Of the physiological action of the monobromide of camphor we need only say a few words, and may refer our readers for more ample information to THE LANCET, vol. ii., 1874, p. 894. Briefly, it may be stated that bromide of camphor diminishes the number of beatings of the pulse, causes contraction of the smaller bloodvessels, lowers the temperature, and subsequently induces a more or less marked tendency to sleep. In their experiments on animals MM. Bourneville and Lawson had employed either alcoholic solutions of bromide of camphor or solutions of the drug with alcohol and glycerine. In order to distinguish carefully the respective actions of alcohol and the bromide, Bourneville had injected into animals of equal weight solutions of alcohol and glycerine with and without the bromide, and was thus enabled to ascertain that the principal results obtained by himself or M. Lawson were strictly accurate, and particularly that the lowering of the temperature was mainly due to the action of monobromide of camphor.* But we need not dwell further on this part of the subject, as our concern is more especially with the practical worth of the substance.

Deneffe, O'Hara, and Berger have made use of monobromide of camphor in delirium tremens. The first two observers advocated its employment as beneficial, whereas Berger makes some reservations. In insomnia, and especially that form of sleeplessness which is connected with heart lesions or cerebral hyperæmia, Bourneville, Lawson, and Pathault declare they have observed encouraging results. Riemer and Hammond state that bromide of camphor proved of use in spasms or convulsions brought on by teething. A great many observers have employed it in epilepsy, and whilst some of them think they have seen the epileptic fits become more and more rare under the influence of the drug, others have only noted a remarkable diminution of vertigo (or *petit mal*) following its use.

* See Transactions of the Academy of Sciences for 1875, and those of the Société de Biologie for 1876.

Chorea and hysteria are, however, the nervous disorders in which bromide of camphor has been most extensively used, and with the best effects. Amongst the cases published on chorea are to be noted particularly those of Desnos, Gallard, des Brulais, and Petrovitz. In one case the patient, a child eleven years old, had been put with no result under the action of bark wine and of extract of belladonna (in doses of ½ gr. to 1½ gr. a day. Bromide of camphor, in the form of Dr. Clin's dragées, was administered in increasing doses of from one to eight a day. At the end of a week the improvement was manifest, and after twelve days all the symptoms had disappeared.*

As regards the phenomena of hysteria, Riemer speaks of bromide of camphor with praise in reference to a case of hysterical excitement. Bourneville also mentions the successful use of the drug in cases of epileptic delirium in females to whom he administered the bromide in enemata containing from fifteen to sixty grains of the remedy, or in the shape of Clin's capsules of camphor. Tommasi has noted good effects in a case of hysteria with genital erethism, and Hammond in a case of chronic hysteria. Dr. Pathault has collected in his inaugural thesis, published in Paris last year, a number of cases communicated by Professors Vulpian, Lorain, and Potain, and Dr. Mathieu, all of which show the benefit afforded in hysteria by the methodical use of the drug. In a case recorded by Dr. Lepine, of Beaujon Hospital, a young hysterical girl, subject to fits of sometimes three hours' duration, and to whom a dose of more than one drachm of bromide of potassium was given in the twenty-four hours with no effect, got better under the daily use of five of Dr. Clin's capsules (fifteen grains of the bromide). Certain forms of neuralgia, dyspnœa of a nervous origin, and nervous palpitations, are said to have been also favourably affected by the use of the bromide.

Turning to another class of disease—namely, affections of the urino-genital organs—we find that in a case of vesical and anal tenesmus, dependent on peri-uterine phlegmon, Dr. Siredey, of Lariboisière Hospital, has recorded the successful employment of the bromide. "In cystitis of the neck of the bladder," writes Dr. Lannelongue, "the action of bromide of camphor speedily shows itself—1. When cystitis is painful, and the pain is not dependent on any organic lesion (neuralgic cystitis). 2. In cystitis of the neck, having a congestive cause, and connected with a vascular change of the neck. 3. The action is more marked when catarrh is mild, and when acute prostatitis is added to inflammation of the neck of the bladder. In a case of symptomatic priapism, recorded by Dr. Longuet in the *Progrès Médical*, bromide of camphor was employed with success. Dr. Petrovitz has recorded some very interesting cases of individuals affected with gonorrhœa, in whom painful erections were stopped by the use of capsules of bromide of camphor.

The above facts would seem to show that monobromide of camphor deserves a place in the therapeutics of nervous affections. The number of careful scientific observers who have sifted its merits and tried it clinically is already considerable. The counter-indications of the moderate and methodical use of the drug are few and self-evident, and the only serious drawback seems to reside in its pharmacological preparation. It is not easy to prepare it in the form of syrup, and for children the form of *dragées* appears the only convenient one. For adults, the form of capsules is preferable to all others; and the observations published in France refer to those of Dr. Clin, which are said to be very strictly dosed and convenient for administration.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the meeting of Council on Thursday, amongst other business transacted, the resolution at the former meeting, altering the constitution of the Committee of Reference under the Conjoint Scheme, was rescinded.

* Petrovitz: Etude Clinique sur le Bromure de Camphre. Montpellier, 1875.

Correspondence.

"Audi alteram partem."

ON THE USE OF SALICIN IN ACUTE RHEUMATISM.

To the Editor of THE LANCET.

SIR,—As Dr. Maclagan has again called attention to the use of salicin in acute rheumatism, will you allow me to make a few remarks on his communication?

During the past six months I have treated in this infirmary more than thirty cases of acute rheumatism of all degrees of severity, with salicin, salicylic acid, or its sodium salt. Many of these have been reported in your own columns, and two cases, ending fatally, in the *Medical Times and Gazette* a short time since.

First, with regard to the influence of the drug on cardial complication. In two cases pericarditis ensued while the patient was under the influence of salicin, in the one case having taken from six to a hundred and twenty grains a day for four days, and in the other a hundred and eighty grains a day for three days; neither of the cases being of great severity in other respects.

Secondly, as to the influence of the treatment on recovery. The experience of four cases which proved fatal in spite of active treatment, both specific, by means of salicylic acid, symptomatic by means of quinine and cold baths, precludes me from indulging in the hope that we have entirely mastered this most distressing disease.

At the same time many cases of considerable severity have recovered with remarkable rapidity, and I do not doubt that we have in salicin and its congeners a most useful remedy.

With regard to the comparative merits of salicin and the acid, the former is the more pleasant to take, though it occasionally disagrees, but its high price is some objection to its use in hospital practice. The quantity required, moreover, is larger than that of the acid.

I am, Sir, your obedient servant,

FRNEST H. JACOB, M.B.,
Resident Physician, Leeds Infirmary.

October 31st, 1876.

SPLENOTOMY.—TREATMENT OF THE INSANE IN AMERICA.

To the Editor of THE LANCET.

SIR,—In recording, in your issue of the 23rd ult., the Paris case of Splenotomy of last April, you say: "This brings the total number of operations of this kind upon record up to six, two having been performed by M. Péan, the remaining four, we believe, being due to MM. Küchler, Spencer Wells, and Koeberlé; but, strange to say, all have been unsuccessful except the two due to the Parisian surgeon." I beg leave to add to this list three cases (though one is doubtful) recorded by Professor Flint in his "Practice." Writing of splenotomy, he says that "the first case was in Naples in 1549; the operation was by Zaccarelli, and the patient recovered. The authenticity of this case is, perhaps, open to distrust. The second was in Germany, in 1826, Quittenbaum operating. Death followed in six hours." Flint refers to an article by Samuel Wilks in Guy's Hospital Reports, vol. xi., 1865, also to *London Medical Times and Gazette*, January, 1866, and to *New York Medical Journal*, May, 1866. Flint also records an American case in which about two-thirds of the spleen was removed which was protruding from an orifice made by a bullet. The operation was done by Dr. Alston, of Texas, in 1861. Dr. A. says that "the stump which remained plugged up the bullet-hole. No suppuration ensued, and he got well without a bad symptom."

I am glad that you have exposed so well in THE LANCET the abuses—if I may not say atrocities—of some American insane asylums. There are too few attendants in our asylums, and many of them, both by nature and nurture, are wholly unfit for their service. It was, if it is not now, a common custom at one, at least, of our Massachusetts asylums for attendants to put their patients into strait-jackets, so that they themselves might have an evening's

frolic in the town! You may hardly credit it, but it is nevertheless true of one county, if not more, of Massachusetts that the two physicians required by law to certify that a pauper is insane, and a fit subject for a State asylum, *may legally certify this without having seen the pauper!* They must either examine him personally—which probably they almost or quite invariably do—or be convinced by the testimony of others, who may not be physicians, that he is insane, and certify accordingly! I know this to be true from having seen the official blanks sent to overseers (guardians) of the poor, which doubtless accord with the statute law, and probably are used in case of non-paupers also. It is easy to see what great abuses *might* arise from the use of such blanks, though none may have arisen.

I am, Sir, your obedient servant,

New York, October 20th, 1876. S. P. FOWLER, M.D.

"THE USE OF A MAGNET IN THE DETECTION OF A NEEDLE BROKEN IN THE LEG."

To the Editor of THE LANCET.

SIR,—In your issue of this week I observe an outline of a note by Sir B. C. Brodie on "The Use of a Magnet in the Detection of a Needle broken in the Leg," and as the author appears to think that the matter of his note is a novelty of sufficient importance to make it the subject of a communication to the Royal Medico-Chirurgical Society, I am thereby induced to report a case of a similar character which occurred in my practice many years ago; the more so as during this week it so happened that the matter has been recalled to my memory by Mr. Marriott, surgeon of the Warneford Hospital in this town, coming to ask me if I still had the magnet I had then used, as he wished to try it in a similar case. Several years ago I had mentioned the case to him, and advised him to try it if opportunity offered.

In 1864, while on foreign service (being at that time on the Army Medical Staff) at Cowsal, in Central America, and being the only English surgeon within a radius of 150 miles, a Spaniard came to me who had by mischance broken off half of a needle in the palm of his right hand. I made a small incision, bearing in mind the arterial relations of that part, and carefully searched for the broken point, but I could not find the needle. I had then by me a small natural magnet of loadstone, which is, I believe, a magnetic iron ore. After enlarging the incision a little, I placed the stone over it, rolled over it many layers of bandage, and told the patient to come again in twenty-four hours. On examining it after this period had elapsed, and removing the bandages with care, and gently raising the stone (about one inch square), I saw the end of the broken fragment sticking up in the wound, much blackened, and easily removed it with an ordinary dressing forceps.

I have twice since, with an ordinary horseshoe magnet, bound over the part after a superficial incision, succeeded in the same way. It seemed to me such a natural method of proceeding that I supposed it was the common thought of all surgeons. It appears I was mistaken, and it only gives me another proof that there often happens in the details of general practice many interesting surgical events which are passed over without record. In my many wanderings while in the service I have lost this piece of loadstone, but the lesson I then learnt in 1864 has never been forgotten. I can fully endorse the remarks made by Dr. De Chaumont in his address, which you report, that army surgeons ought to be fertile in expedient as well as competent to execute, as no men in our profession have greater responsibilities.

Yours truly,

JAMES THOMPSON, M.B.,
Late Army Medical Staff.

Leamington, October 29th.

"ON THE RETENTION OF THE CATHETER AFTER INTERNAL URETHROTOMY."

To the Editor of THE LANCET.

SIR,—In your publication of October 28th, 1876, Mr. Teevan, in a letter to you on the above subject, assumes that I stated that it was *not* the practice at the general hospitals to leave a catheter in the bladder after internal urethrotomy." I beg to say that my remark referred *solely* to my own individual experience, and I did not even allude to what might be generally done in London. I spoke to this effect, and almost in these words: Personally, whether after internal or external urethrotomy or splitting, I only kept a catheter in the bladder when hæmorrhage was deemed to be probable.

Yours, &c.,

Queen Anne-street, W., November 5th, 1876. C. F. MAUNDER.

HOSPITAL SUNDAY AT WORCESTER.

(From a Correspondent.)

ON Sunday last the ancient city of Worcester held its fifth "Hospital Sunday," when in almost all the places of worship within the city, and in numerous churches and chapels of the county, collections were made on behalf of the three medical charities in Worcester—namely, the infirmary, the dispensary, and the ophthalmic institution. Hitherto from £600 to £700 have been realised from each of these annual collections, whereof the infirmary has naturally obtained the lion's share. Looking at the area of collection, £700 does not appear to represent an excessive liberality on the part of the congregations appealed to, and a glance at the long list of sums received from the several contributories in 1875 suggests the probability that the claims of medical charities have yet to be adequately understood in many quarters.

The Bishop of Worcester, a warm supporter of the movement, advocated its cause on Sunday morning in the church of St. Nicholas, and in the evening, the Rev. J. R. Young, honorary Canon of Worcester, preached to a large congregation assembled in the nave of the cathedral. Rarely is the profession privileged to hear so eloquent and outspoken a tribute to the value of the services which it renders to mankind as fell from the lips of Canon Young on this occasion. From the text "I was sick, and ye visited me," excellent practical lessons were deduced as bearing upon the special object of the discourse; and referring to the existence of institutions for the relief of sickness and disease, Canon Young declared that, excepting the medical profession, there was none other which deliberately set aside a large portion of valuable time for the gratuitous exercise of knowledge and skill for the benefit of suffering humanity. He knew, he said, it might be cynically observed, that self-interest was at the bottom of the apparently self-sacrificing labours of the doctor, but he repudiated the idea as being in any wide sense applicable. The soothing influence of the doctor's visit to the patient was touched upon and illustrated with force and wisdom; and Canon Young did not hesitate to remind the clergy that it would be well for them to adopt in their sacred ministrations as much as possible of the kindly tone and hopeful reassuring method of the doctor.

Worcester, October 31st, 1876.

THE NEWCASTLE-ON-TYNE SCHOOL OF MEDICINE.

(From a Correspondent.)

THE number of medical students in this important town is over sixty. A casual visit to it produces the impression that Newcastle either is or ought to be a very good school of medicine. The hospital contains about 240 beds, and has lately been very much improved. It is situated between the two populous counties of Northumberland and Durham, and in the very centre of the great North-Eastern Railway system. The new operating theatre is perhaps the most beautiful one in the kingdom, lighted from the roof as well as from the sides. I was fortunate in making my visit on an operating day. There was an operation for stone by Dr. Arnison on a child, as well as amputation of a breast for fungoid disease. Dr. Heath excised the hip-joint, and amputated at the knee. There were several other operations. Stone cases are very common here, and are very successful. Death is scarcely known after lithotomy, which is preferred, as a rule, to lithotrity. What impressed me most favourably in the hospital was the excessive care and trouble with which the antiseptic treatment was applied. It would have done

Professor Lister's heart good to have seen this. And I gather that, though the appreciation of the system is critical and intelligent, rather than blind and indiscriminate, the results in the larger recovery of surgical cases are very satisfactory. The ability and earnestness of the surgical side of the school, the relation of the school to the University of Durham, and the proximity and activity of the Newcastle School of Science and Art, all tend to show that if Newcastle students do not acquit themselves favourably in the future it will be their own fault.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Board of Examiners on Tuesday and Wednesday last:—

G. D. M'Reddie, Calcutta; D. P. Warlikar and H. D. Masani, Bombay; G. P. Schokman, Calcutta and Aberdeen; H. G. Crouk, Cambridge and St. Bartholomew's Hospital; Maurice Forde, Dublin; S. T. D. Weston, John Whitehouse, and W. H. Smith, Birmingham; S. H. Lyle, Liverpool; G. D. Dickinson, A. S. Greenway, C. E. Walker, and W. S. Palm, Edinburgh; E. M. Knapp, Bristol; Arthur Jones, Liverpool and Manchester; G. S. Ward, King's College; T. W. H. Garstang; John G. Harwood, James Harrison, J. W. Jerans, and John Buckle, St. Bartholomew's Hospital; J. Dobb, Manchester; W. T. Ward and R. L. M'Donnell, M'Gill College, Montreal; R. Bowman, St. Mary's Hospital; J. W. Evans, J. S. Buck, and Henry Ewbank, University College; T. A. Appleton, St. George's Hospital; G. H. Garland and J. J. Powell, St. Thomas's Hospital; E. J. Havens, A. R. A. Ayres, C. E. Cocksedge, and F. W. D. M'Gachen, London Hospital.

Of the 50 candidates examined on the above-named days, 14 failed to satisfy the Board, and were referred for three months' further anatomical and physiological study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Nov. 2nd:—

Congreve, George Thomas, Coombe Lodge, Peckham.
Heelas, James, Fellows-road, South Hampstead.
Ling, Charles Arthur Squire, Gorleston, Suffolk.
Richardson, Thomas Arthur, Newport, Pembrokeshire.

The following gentlemen also on the same day passed the Primary Professional Examination:—

James Lees Hall, St. Thomas's Hospital; Henry Ogilvie Stuart, Guy's Hospital; Frederic Bellaby, Middlesex Hospital; Edward Inskip Read, London Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. — DOUBLE QUALIFICATION. — The following gentlemen passed their final examinations and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. during the recent sittings of the Examiners:—

Aylward, Ernest, Brede, Sussex.
Brown, Alfred Beaver, Manchester.
Carden, John Condell, Tipperary.
Chaundy, Raymond Bartholomew, Oxford.
Christie, Joseph William, Stirling.
Clement, Sydney Freme, Shrewsbury.
Cotton, James Henry, Canada.
Coxhead, John, Maddan, Jamaica.
Crossit, Richard, Co. Derry.
Daly, James Carroll, Co. Limerick.
Ellis, William Gascoigne, Nottinghamshire.
Fenwick, Charles, Stoke Devonport.
Harris, Alfred Edwin, Cork.
Holloway, George, Wednesbury.
James, Henry Godfrey, Newport, Tipperary.
Jefferson, James Graham, Lisburn.
Middleton, Thomas Thompson, Teesdale.
Mumford, William Ellis, St. Kitts, West Indies.
Olver, John Richard, Woolwich.
Pearson, Alfred William, Brierley-hill.
Reckitt, Edward Bass, Wainfleet.
Studdert, John M., Co. Clare.
Tate, Arthur Littlewood, Rochdale.
Trimble, Robert John, Canada.
Watson James, Lanarkshire.
White, Arthur, Barnsley.
White, James, Co. Clare.
Worswick, Frederick Henry, Manchester.
Wyer, Charles Erskine, Peebles.

The following gentlemen passed their first professional examinations at the same time:—

Henry Wylie, Kincardine-on-Forth; John Richard Cullimore, Wexford; Alfred Edward Fitzpatrick, Liverpool; Isaiah George Butters, Devonport; John Brearton Langfier Bastable, Kanturk; Robt. Wilson Smart, Aberdeen; Samuel Edwin Evans, Limerick; Wm. Hall Stowell, City of Wells; Francis Dixon, Nottinghamshire; Matthew Quinn O'Callaghan, Co. Limerick; William Dalziel, South Shields; James Alex. Gordon, Belfast; Valbert Larcher, Mauritius; Samuel Hampson, Dukinfield; Peter Anderson, Perth; Ernest Houston Forjett, Bombay; Frederick Dunbar Sutherland M'Mahon, St. Vincent; Edward Dorset Farmar, Plymouth.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations and were admitted Licentiates of the College during the October sittings of the Examiners:—

Drummond, Thomas, Edinburgh.
Duncan, William, Aberdeen.
Graham, Alexander, Tobermory.
Gray, Thomas, Liverpool.
Kay, Alfred Goodwyn, Landown, India.
Taylor, William Bond, Bury, Lancashire.
Thatcher, Charles Henry, Edinburgh.
Willie, George Owen, Monmouth.
Wilson, Charles, Irvine.

During the same period the following gentlemen also passed their first professional examinations:—

William John Stewart, America; William Bacon Hodgson, Middlesex; John William Sellers, Rochdale; Hartley James Noad, Surrey.

NEW ZEALAND papers announce the death of Dr. Lee, of Molueka, one of the first appointed coroners in the colony.

THE foundation-stone of a new wing to the Weston-super-Mare Hospital was laid on Monday by Miss E. Hunt, daughter of the Vicar of Holy Trinity, in the presence of a large concourse of spectators.

THE Artisans' Dwellings Act will be shortly put in force in several areas of the parish of St. George-the-Martyr, Southwark. The scheme includes some very objectionable house property.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on the 24th ult., Dr. J. W. Johnston, inspector-general, in the chair, the sum of £90 was distributed amongst the various claimants.

THE Western Counties Idiot Asylum, Starcross, is so far completed as to allow of the reception of a portion of its inmates. The boys' wing, calculated to afford accommodation for sixty, was formally opened last week. The part of the building intended for the occupation of forty girls is expected to be completed by Lady Day next.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The second meeting of the twenty-first session took place on Friday evening, 3rd Nov., at the Royal Kent Dispensary, Greenwich-road, Dr. T. Creed (the president) in the chair. Mr. J. B. Saundry brought forward for discussion an exceedingly interesting case of gaseous abscess below Poupart's ligament.

SURGICAL SOCIETY OF IRELAND.—The following office-bearers were appointed on the 6th inst. for the ensuing session:—President: George Hugh Kidd.. Vice-President: Robert McDonnell. Council: John Barker, Chas. Benson, Philip Bevan, Richard G. H. Butcher, William Colles, A. H. Corley, Henry Gray Croly, Edward Hamilton, J. S. Hughes, Rawdon Macnamara, Edward Dillon Mapother, Benjamin F. M'Dowell, Humphry Minchin, George H. Porter, Benjamin Wills Richardson, M. H. Stapleton, W. Stokes, Joliffe Tufnell, Henry Tyrrell, Albert J. Walsh, James H. Wharton. Hon. Secretaries: Benjamin Wills Richardson, Joliffe Tufnell.

THE FEVER HOSPITAL QUESTION AT HAMPSTEAD. In accordance with the opinions of counsel, a committee of residents of Hampstead, consisting of Mr. H. M. Bompas, Mr. Alfred Fripp, Mr. Charles Hill, and Mr. Pearson Hill, is about to proceed with an action at common law against the Asylums Board, claiming damages for injury to the properties surrounding the hospital, on account of the admission of small-pox patients thereto, and an injunction to prevent the use of the hospital hereafter for the treatment of infectious diseases. A guarantee fund, which it is proposed shall amount to at least £2500 or £3000, is being raised, and more than £1000 has been promised.

MEDICAL DEFENCE ASSOCIATION.—A meeting of the Council of this Association was held on the 27th ult. Dr. Richardson, F.R.S., presided. The secretary reported that since the last meeting proceedings had been taken under the Medical Act against two persons for falsely assuming medical titles, and that in each case a penalty of £5 had been recovered. An advertising doctor, named Kahn, had also been fined £5 at the Clerkenwell Police-court. In one of the cases the consent of the Apothecaries' Society had been obtained to the prosecution under the

Society's Act, and an action had been entered against the individual in the Court of Exchequer. The secretary had applied to the registrar of the General Medical Council for the penalties recovered in the metropolitan police-courts under the Medical Act, and had been informed that the penalties are retained by the receiver of the metropolitan police districts on the ground that the Medical Act of 1858 is overridden by the Act 2 and 3 Vict., cap. 71. It was resolved that the secretary be requested to write to the registrar of the Medical Council, asking the Council to receive a deputation from the Association in reference to this question. A case having been reported to the Association in which one of the metropolitan coroners had admitted the evidence of an unqualified practitioner, and allowed him the usual fee as a medical witness, the solicitors of the Association were authorised to give notice to all the metropolitan coroners that they are instructed to apply to the magistrates in all such cases as may be brought under their cognisance in future, asking them to disallow the fees.

THE METROPOLITAN FREE HOSPITAL.—An influential meeting of the supporters of this hospital was held on the 3rd inst., at the Mansion House, under the presidency of the Lord Mayor. The site of this hospital having been taken by the Metropolitan Railway Company, another has been found in Bishopsgate, and purchased at a cost of £7000. It is calculated that the entire cost of rebuilding, furnishing, and completing an establishment fit to accommodate 150 patients will be at least £25,000; and the meeting was called for the purpose of taking steps to raise this sum. The rector of Bishopsgate, Sir Sydney Waterlow, Mr. Samuel Gurney, and others were present, and spoke emphatically in favour of the institution. A "Lord Mayor's Fund" is opened at the Mansion House, and there is little doubt that the money will be soon forthcoming.

THE WATER-SUPPLY AT REIGATE.—A preliminary meeting was recently held in Reigate, to discuss the alleged insufficiency of the water-supply of that town, and to consider a proposition to form a new company to obtain a supply from a chalk-hill in close proximity to the town. The secretary of the local Waterworks Company has, however, since published a statement to the effect that the town already possesses "an abundant supply of water of exceptional purity, a constant service day and night, and sufficient to supply another town of the same size." Either the Secretary of the Waterworks Company (Limited) overstates his case, or the inhabitants of Reigate are hard to please. The true solution of the difficulty is probably for the local sanitary authority to take the water-supply into their own hands.

HOSPITAL SUNDAY AT LIVERPOOL.—The report of the Liverpool Hospital Sunday Committee was adopted at a meeting held last week in the town-hall. It appears that the gross totals of the last four years have been as follows:—1873, £9821 9*s.* 10*d.*; 1874, £11,185 8*s.* 9*d.*; 1875, £9716 13*s.* 4*d.*; 1876, £9946 10*s.* 1*d.* The last-named sum is regarded as a satisfactory average when the long-continued depression in trade is taken into account. It will interest Hospital Sunday committees in many other towns to learn that the expenses of the current year amounted to £301 1*s.* 7*d.* A sum of £9600 was distributed among fifteen charities. One charity previously in receipt of a portion of the collections was omitted from the list on the ground that it had not published a statement of accounts or held a meeting of its supporters.

Medical Appointments.

ANDERSON, C. L., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed an Honorary Medical Officer to the East Dispensary, Liverpool, vice Jones, resigned.

BAYLIS, C. O., M.D., has been reappointed Medical Officer of Health for the Bromley, Cranbrook, Maidstone, Malling, Sevenoaks, Tenterden, and Tunbridge Rural, and Bromley, Sevenoaks, Tenterden, and Tunbridge Urban, Sanitary Districts, at £800 per annum for three years.

BEHRENDT, M. R. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Messingham District of the Glanford Brigg Union, Lincolnshire, vice Mawson, deceased.

BELL, J. C., F.C.S., has been appointed Public Analyst for the County of Chester, at £100 per annum and 6*s.* per analysis, vice Brown, resigned.

BLUMER, P., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Junior House Surgeon to the Sunderland Infirmary, vice Murphy, resigned.

BOOTHROYD, J. S., M.B., C.M., has been appointed an Assistant-Surgeon to the Newcastle-on-Tyne Dispensary.

BROWN, H. O., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Brampton Brian District of the Knighton Union, Radnorshire, vice Welsh, resigned.

BURRELL, Dr., has been appointed a Physician to the North London Consumption Hospital, vice Burness, resigned.

CESAR, E. T., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Loyal Nutshalling Lodge of Manchester Unity Odd Fellows, at Nursling.

CLARKE, J. L., M.D., F.R.S., has been appointed a Consulting Physician to the Chelsea Hospital for Women, King's-road.

CLARKE, R., L.S.A., has been appointed Resident Accoucheur to King's College Hospital, vice Hebb, resigned.

CRAIG, J., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Auchtergaven, Perthshire, vice Yeats, resigned.

CRAN, Dr. J., has been appointed Medical Officer, Public Vaccinator, &c., for the Bridgetown Dispensary District of the Wexford Union, vice Furlong, resigned.

CUNNINGHAM, Dr. D. J., has been appointed Lecturer on Physiology at the Dick Veterinary College, Edinburgh, vice McKendrick, appointed Professor of Physiology at the University of Glasgow.

DONOVAN, J. F., M.D., C.M., has been appointed Medical Officer, Public Vaccinator, &c., for the Killeagh Dispensary District of the Youghal Union, vice Foley, appointed to the Workhouse, Midleton Union, co. Cork.

EVANS, T. M., M.R.C.S.E., L.S.A.L., has been appointed an Honorary Assistant-Surgeon to the Hull General Infirmary.

FOX, J. M., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Cockermouth Rural, and Cockermouth and Keswick Urban, Sanitary Districts.

GLYN, H. A., M.B., M.R.C.S., has been appointed Junior House Surgeon to the Birkenhead Borough Hospital, vice Bruce, resigned.

GOWANS, W., L.R.C.S. & L.R.C.P.Ed., has been appointed Medical Officer to the *Wellesley* Training-ship.

HAINES, R., L.R.C.P.Ed., L.F.P.S.G., has been appointed Medical Attendant to the Royal Irish Constabulary, Ballincurrig and Ballincurra, co. Cork, vice Buckmaster, deceased.

HAMILTON, Dr. T. K., has been appointed Medical Officer &c. for the Tandragee Dispensary District of the Banbridge Union, co. Down, vice Crawford, resigned.

HOPGOOD, W. C., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Swainby Iron Stone Mines, and the Odd Fellows Society, Hutton-Rudley, vice Boyle, deceased.

LAMB, G., L.R.C.P.L., has been appointed Assistant-Surgeon to the Hull General Infirmary.

LAWTON, M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary, Midleton, co. Cork, vice Buckmaster, deceased.

LEFTWICH, R. W., M.D., has been appointed Assistant-Physician to the East London Hospital for Children.

LEIGH, T. D., M.R.C.S.E., L.S.A.L., has been appointed an Honorary Medical Officer to the East Dispensary, Liverpool, vice Harris, resigned.

MCVAIL, D. C., M.B., L.R.C.P.Ed., L.F.P.S.G., has been appointed Professor of the Institutes of Medicine at Anderson's University, Glasgow, vice Watson, resigned.

MAYNE, R., M.R.C.S.E., has been appointed Resident Medical Officer to the Western Dispensary, Broadway, Westminster, vice Tidbury, resigned.

NICHOLSON, R., M.R.C.S.E., L.S.A.L., has been appointed an Honorary Assistant-Surgeon to the Hull General Infirmary.

PARKER, R. W., M.R.C.S.E., has been appointed Assistant-Surgeon to the East London Hospital for Children.

PRINGLE, J., M.B., C.M., L.F.P.S.G., has been appointed Medical Officer, Public Vaccinator, and Medical Officer of Health for the Parishes of Kippen and Gargunnock, Stirlingshire, vice Macdonald, deceased.

RANSFORD, T. D., L.R.C.P.L., M.R.C.S.E., has been appointed an Honorary Medical Officer to the North Dispensary, Liverpool, vice Grimes, resigned.

ROBERTS, W. S., M.R.C.S.E., has been appointed House Surgeon to King's College Hospital, vice Ground, resigned.

RYAN, R., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary, Carrigtuohill, co. Cork, vice Buckmaster, deceased.

SHEAF, Mr. E., M.R.C.P., F.R.C.S.E., has been appointed one of the Honorary Surgeons to the North Lonsdale Hospital, Barrow-in-Furness, Lancashire.

SHERBURN, Mr. J., has been appointed House Surgeon to the General Infirmary, Hull, vice Thompson, resigned.

SMITH, J. P., L.R.C.P.Ed., L.R.C.S.Ed., had been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for the Lowestoft District, of the Mutford and Lothingland Incorporation of the Poor, vice Prentice, resigned.

STEWART, T. G., M.D., F.R.C.P.Ed., has been appointed Professor of the Practice of Physic and Clinical Medicine at the University of Edinburgh, vice Laycock, deceased.

TAYLOR, W. B., L.R.C.P.Ed., has been appointed Medical Officer to the Bury Union Workhouse at Fairfield, vice Taylor, deceased.

THOMPSON, H., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed an Honorary Assistant-Surgeon to the Hull General Infirmary.

TIPPLE, E., L.R.C.P. & L.M.Ed., M.R.C.S.E., L.S.A.L., has been appointed Surgeon to the Horn's-cross Branch of the Amalgamated Labourers' Union.

TIRARD, N. J. C., M.R.C.S.E., A.K.C., has been appointed House Physician to King's College Hospital, vice Fowler, resigned.

VENN, A., M.D., M.R.C.P., has been elected Assistant-Physician to the Victoria Hospital for Sick Children, vice Dr. R. Jones, elected Physician.

WALLIS, H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for No. 2 District of the West Firle Union, Sussex, vice Sanger, deceased.

WOOD, W. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Doncaster Urban and Rural Sanitary Districts, vice Fairbank, deceased.

WOODER, T. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 3 or Kilmersdon District of the Frome Union, Somersetshire, vice Wybrants, resigned.

Births, Marriages, and Deaths.

BIRTHS.

CROKER.—On the 30th ult., at St. Helen's-road, Hastings, the wife of Surgeon-Major Arthur Croker, of a son.

GANDY.—On the 31st ult., at Gipsy-hill, Upper Norwood, the wife of William Gandy, M.R.C.S.E., of a daughter.

HARMAN.—On the 4th inst., at Gresham-road, Brixton, the wife of John Harman, M.R.C.S.E., of a daughter.

HOLMAN.—On the 29th ult., at Keighley, Yorkshire, the wife of R. Colgate Holman, M.R.C.S.E., of a son.

LOWE.—On the 6th inst., at James-street, Lincoln, the wife of Dr. E. M. Lowe, of a daughter.

MACNAB.—On the 29th ult., at Bury St. Edmunds, the wife of Robert MacNab, M.D., of a son.

THOMPSON.—On the 6th inst., at Upper George-street, the wife of Edmund Symes Thompson, M.D., of a son.

MARRIAGES.

ELLIOTT—HELLARD.—On the 2nd inst., at St. Thomas's Parish Church, Portsmouth, Ernest Elliott, M.D., to Elizabeth, daughter of C. B. Hellard, Esq.

GRANGER—WATT.—On the 2nd inst., at Gibson-street, Hillhead, Glasgow, by the Rev. W. Ross Taylor, at Kilvenside Free Church, John R. Granger, M.B., L.F.P.S.G., of Dorranhill, to Maria Sophia Carmichael, youngest daughter of the late James Watt, Esq., of Banff.

DEATHS.

ALLEN.—On the 31st ult., at Bridgend, Michael Allen, M.R.C.S.E., aged 47.

LUMSDEN.—On the 8th inst., at Clifton-road, Rugby, William Lumsden, M.R.C.S. & L.S.A., aged 38.

ROBISON.—On the 30th ult., at Wigton, David Robison, L.F.P.S.G., aged 59.

STONE.—On the 1st inst., at Wentworth, Erasmus Stone, Surgeon, in practice prior to 1815, aged 88.

TOMLINSON.—On the 26th ult., at Bootham, York, James Tomlinson, M.R.C.S.E., aged 63.

WHITE.—On the 27th ult., at Levenham, William Middleton White, M.D., aged 63.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

THE ALGERIAN MEDICINE-MAN.

DR. GEORGES DAREMBERG describes a visit to the most famous *toubib* of Algiers, an irregular practitioner much resorted to by European and especially English residents in that city. To reach his domicile Dr. Daremberg had to clamber up a steep hill-side to the escarpments of Mount Boudzariah. The ascent was relieved of its irksomeness by the beauty of the lentiscus and thuyas which flourished luxuriantly upon it, till at last a little Arab house, white as chalk, announced the abode of the medicine-man. Having run the blockade of the savage dogs, which seem the indispensable adjuncts of Arabian rural life, Dr. Daremberg reached a hall of primitive simplicity, where patients wait their turn. On passing from this to the consulting-room, the first thing to meet the eye of the visitor is the vast number of vials and flint-stones which seemed to constitute the stock-in-trade of the medicine-man. The moment you enter, the master of the house and his family prostrate themselves on the ground. After this invocation and *tableau*, the women and children retire, and the interrogatory begins. "I confess," says Dr. Daremberg, "I was not prepared for such ignorance and absurdity as greeted me. Having satisfied myself that the medicine-man's knowledge was *nil*, I told him that I had an ailment of the stomach. Then, with imperturbable gravity, he told me to put a bit of meat upon my chest. 'You have,' he said, 'a dog which gnaws your system; give him a good bit of meat, and he will gnaw that instead of your inside.' Never," adds Dr. Daremberg, was there a more original example of 'la médecine substitutif.' When an internal organ is irritated, you apply to the outside a revulsant, which substitutes a superficial for the deep-seated inflammation. Thus you kill the evil. But the Arabs find it answer better to feed it." For an excellent *résumé* of Arab medicine, the reader is referred to the learned and entertaining work of Dr. Leclerc (Leroux, Paris, 1876).

L.R.C.P. & S.—For the continued fevers, Murchison's work; for the exanthemata, the articles in Reynolds's System of Medicine.

CAUTION TO SURGEONS.

To the Editor of THE LANCET.

SIR,—An assistant, named C. Collins, late of 10, Great Castle-street, W., whom I engaged a fortnight ago, has absconded during my temporary absence on Monday last, taking with him all the money he could put his hands on, which was in my desk, and a case of new pocket instruments, &c. He also obtained clothes, furniture, &c., from my patients, unpaid for.

Any information will be gladly received by,

Yours truly,

THOS. HARLEY, Surgeon.

The Lawn, Haverstock-hill, N.W., November, 1876.

EXTIRPATION OF UTERUS IN CONNEXION WITH OVARIOTOMY.

A CASE in which this operation was successfully performed is recorded by Dr. Gilman Kimball in the *Western Lancet* for October. The patient was forty-eight years of age, had one living child, and was operated on eleven years ago for ovarian tumour, chiefly cystiform, and weighing 33 lb. She made a good recovery, and continued in health for six years. She then noticed that her abdomen was again becoming enlarged. Tapping was twice performed, and subsequently another operation was undertaken. In searching for a pedicle it was found that the disease had embraced, in the course of its development, not only the uterus, but the whole of the broad ligament. A separation of the parts thus involved was found impossible. Consequently, in order to complete the operation, the extirpation of the entire uterus became an unavoidable necessity. A cluster of distended veins connected with the broad ligament was first secured and severed between two ligatures. The remaining tissues to be divided, being thus considerably diminished in bulk, and especially in width, were next embraced in a loop of stout annealed iron wire, drawn tight by means of an écraseur. To complete the operation, it only remained to sever the connexion between the uterus and vagina by two or three strokes of the knife. The point of division was about three-fourths of an inch outside the iron ligature. The short pedicle was secured between the lips of the wound, and the actual cautery applied to the surface of the stump. Convalescence proceeded without a bad symptom, and from first to last there were no signs of peritonitis or septicæmia.

Fred Ahn.—Many thanks, but we do not require the notice of the work in question.

Mr. F. G. Campbell.—We never send private answers.

ATTENDANCE ON ODD FELLOWS WITH ILLEGITIMATE COMPLAINTS.

To the Editor of THE LANCET.

Will you or some of your readers kindly give me advice under the following circumstances?

I am medical officer to the —— Lodge of Odd Fellows, a member of which I attended last year for an attack of delirium tremens. At the end of that attendance, which was a very short one, I told him I should have to charge extra for attendance in *such* a complaint, and he paid me two guineas, the amount I claimed. This year he brought on a worse attack of the same complaint, and I attended him for a much longer period, and for which I claimed about £8. This debt the patient (a wealthy hop-grower, cattle dealer, and butcher) repudiates on the ground that he pays 8s. a year to the medical officer's fund, and, "adding insult to injury," tells me that what was really the matter with him was "an affection of the liver and stomach, which prevented his eating or sleeping, and he was compelled to drink brandy to relieve the sinking sensation." This he certainly did, and I am told to the amount of over a pint a day. He is too well off to claim any sick pay, or too "knowing"; for the bye-laws say that any member being laid up from the effects of an *accident received while drunk* is not entitled to sick pay. What I want to know is, Is a club patient in delirium tremens entitled to club doctor's free attendance? Is the same entitled to sick allowance? Is a club patient who has met with a serious accident while drunk entitled to the club doctor's attendance? Is the same entitled to the club doctor's attendance for an attack of venereal disease?

I shall feel greatly obliged by replies from any of your readers who have large Odd Fellows or other clubs, as I intend to County Court this *spirit* medium.

I remain, Sir, yours obediently,

October 31st, 1876. HIBERNIAN.

*** The questions put by our correspondent require very serious consideration. They are rather legal than medical, and should be the subject of an explicit understanding in all Lodges. It seems to us that if a member has a complaint that disentitles him to sick pay, he should, by the same complaint be disentitled to the medical advantages of his club. We should be glad to know the custom of Lodges in regard to this matter.—ED. L.

Inquirens.—We do not remember any decision in the higher Courts on the point in question. If we remember rightly, a County Court Judge decided adversely to graduates a few years ago; but the law is vague enough to be interpreted differently by County Court Judges in the absence of an authoritative judgment.

A Medical Student.—Not if obtained after 1858 (if without a British qualification).

TREATMENT OF TALIPES.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to two letters published in THE LANCET of Oct. 28th, in which comments are made upon a case of talipes recently brought by me before the Medico-Chirurgical Society. It appears that the writers, without having seen my patient either before or after the operation, without even having heard the paper in which his condition was described, have come to the conclusion that he could have been cured by other means. They ignore the fact that a very full trial was given to the means they mention before resort was had to the severer measures which they condemn. I can assure them that mechanical treatment and subcutaneous tenotomy are as well understood and as successfully practised at Guy's Hospital as they are represented to be by the so-called orthopædic surgeons. It is only in cases in which we and they have found such methods inefficient that we, relying upon a broader surgical experience, do not hesitate to avail ourselves of so powerful an aid as resection. In the case which I have recorded, the patient was able to walk about, dispensing with all apparatus, within three and a half months from the first, and ten weeks from the second, operation. I do not think that the measures which have brought about such a result can be considered "retrograde steps in surgery," nor that they indicate "a relapse to the position held by orthopædic surgery fifty years ago."

I remain, Sir, yours truly,

Harley-street, W., Nov. 4th, 1876. N. DAVIES-COLLEY.

THE MONUMENT TO CESALPINUS.

ON the 30th ult., as reported in the letter of our Italian correspondent which we inserted last week, a numerous and brilliant audience assembled in the Library Hall of the University of Rome to hear the discourses delivered by Dr. Scalzi, Professor of Materia Medica, and the Senator Maggiorani, Dean of the Faculty of Medicine, on Andrea Cesalpinus, to whom, as the discoverer of the circulation and as an illustrious naturalist and physician, a monument was that day to be unveiled. The Minister of Public Instruction presided, and the Rector of the University and others of the Senatus Academicus supported him on either hand. Prof. Scalzi's *éloge* was largely occupied in rebutting the criticisms of German physicians, notably Haller and Sprengel, on Cesalpinus' claims, and in showing how naturally his previous researches led up to the discovery of the circulation. Certainly a strong case has been made out for the Tuscan physician's priority, and the time has now arrived for counter-arguments in Harvey's support. Prof. Maggiorani spoke eloquently on Cesalpinus' merits as a master of scientific method, and as an interpreter of nature. We do not grudge the Tuscan physician the rehabilitation his fellow-countrymen have vouchsafed him. He was one of Italy's "forgotten worthies," and his precept and practice are alike worthy of all recognition and imitation by the younger race of Italian *savants*. The monument, which occupies a conspicuous place on the wall of the grand staircase of the University, represents a man of fine cranial and facial proportions, with a full, lustrous eye, and a mouth expressive of combined energy and refinement. The inscription, in elegant Latin, records the merits of Cesalpinus as a discoverer in biological science, as a pioneer in botanical classification, as an effective solver of scientific questions, and as a consummate master of pathological doctrine. We congratulate the Roman youth on the inspiring influence of the sculptured presence of Cesalpinus, who seems to look benignly down upon them as they pass to their several class-rooms.

Mr. P. Linskill.—Avoid all such advertising quacks.

METHOD OF USING ATROPIA.

To the Editor of THE LANCET.

SIR,—Though not an ophthalmist, yet do I use the ophthalmoscope almost daily as a mere matter of diagnostic routine. It is, therefore, of importance to me to have a reliable and quick-acting preparation of atropia. Many and many a time have I been hindered and annoyed by the instability of the usual preparation of this invaluable alkaloid. The usual solutions, I find, always become inert, even if kept in the dark, and even if creasote or carbolic acid have been added. My experience of the atropised gelatine discs is similar, having found that after keeping them three or four months any number of discs may be put in the eye without producing dilatation. It occurred to me to use the pure alkaloid, and this has given me every possible satisfaction. When using the ordinary solutions and the discs, my patience has often been sorely tried by their tardy action on the pupil, to which was added the irritating possibility of their not acting at all. Now all that is changed. I put a small portion of atropia in the lower lid, and in a very short time there is ample dilatation. My method of applying the atropia is as follows:—I wet the point of an ordinary mounted needle by touching the tongue with it, and then dip it into the coarsely-powdered atropia; a small quantity adheres, and this is gently put inside the lower lid, and left there. The quantity I use is a small portion about the size of a small pinhole in paper; a little more or less is of no moment. No unpleasant effects have followed in any of the twenty-one cases in which I have used this method, although in several of them it was applied to both eyes. The form of atropia I use is the sulphate.

Trusting that this method of applying atropia may be a source of as much comfort to many of your readers as it has been to me,

I am, Sir, yours obediently,

Blackpool, Oct. 30th, 1876. WM. HARDMAN.

A STRANGE NOTICE.

THE following cutting from the advertising columns of a class paper has been forwarded to us. The Medical Register does not contain a name exactly agreeing with that in the notice:—

"Surgeon Gordon Stables, M.D., C.M., Royal Navy, gives advice on all matters connected with dogs and their ailments. First letter of scientific advice and prescription, 5*s.*; subsequent, 2*s.* 6*d.*—Address, Twyford, Berkshire."

A Country Surgeon.—Degrees without residence can be obtained at St. Andrews and at Durham on certain conditions. Our correspondent will receive information as to the conditions from the authorities of the Universities, or from the Students' Number of THE LANCET.

Medicus.—The cause of the condition is an open mouth during sleep, the salivary secretion being small in quantity. A dose of chlorate of potass at night may assist.

CASE OF APOPLEXY.

To the Editor of THE LANCET.

SIR,—A few days ago I was hastily summoned to see Anne E——, a married woman, aged forty, about six months pregnant of her twelfth child, and weighing something over 280 lb., who was taken very suddenly ill. On my arrival a few minutes afterwards I found her lying on a sofa in an apoplectic fit, comatose, face turgid, breathing stertorous, pupils widely dilated, frothy saliva about the mouth, pulse full, &c. I at once had her garments loosened, and abstracted some blood from the temporal artery, as that was the only situation I could readily do so in, owing to the great quantity of adipose tissue in other places. She died about twenty minutes after my arrival.

I send you the foregoing for your journal, as I believe there are not many examples of fatal apoplexy in the sixth month of pregnancy quoted by obstetric writers.

Truly yours,

October 30th, 1876. B. J. GLEESAN, L.R.C.P., &c.

"A SOP TO CERBERUS."

THERE appears to be still a considerable amount of rioting and horseplay going on at a few universities and hospitals during the delivery of the address which inaugurates the session. We read in a North British newspaper that at the University of Aberdeen Professor Fyfe, the new occupant of the Chair of Mental Philosophy, met with at first a very unfavourable reception in giving his address. However, a promise to present each student of the class with a copy of Sir William Hamilton's "Lectures" was rewarded with a "round of cheering," after which matters went on smoothly enough.

FOOTBALL.

To the Editor of THE LANCET.

SIR,—I am glad to see that you renew your protest against the extent to which "picking up" is carried. The one argument of its supporters seems to be that it prevents disputes. They are surely admitting a very low standard of gentlemanly conduct among Rugby football players if they assert not only that the judgment of umpires will be constantly disputed, but that neither captain nor public opinion has power to put down this nuisance. "Picking up," however, still flourishes, and continues to be fertile in such results as appears in to-day's *Scotsman*, "three got disabled early in the game." Something worse will happen soon. In the process of "picking up" somebody's head will be where his feet should be; there will be a ghastly catastrophe, which will be followed by the unreasoning outcry of those who never think that football, even in its worst form, saves more from the physician than it hands over to the surgeon. The assertion, however, that "picking up" stops disputing is somewhat diverting. I read in the same *Scotsman*, "After some wrangling as to whether or not —— was off side, —— kicked a goal under protest"; and again, in the account of a match between the two leading Glasgow Clubs, I read, "About fifteen minutes were lost in discussing and settling a dispute." I played the game for many years before "picking up" was introduced, and we had neither disputes nor accidents in anything like their present proportion. At the same time things seem to be worse elsewhere than they are here. We in Scotland have none of the "garotting, legging, and tripping" which you mention as forming the "main features of Rugby play."

My chief object in writing this letter is to hold up for general imitation the rule lately passed by Marlborough College—viz., that the ball may be handled by "forwards" on first bound only, by "backs" on any bound. This would utterly abolish the recent and fatal innovation of "picking up" off the ground, and greatly restrict the amount of struggling and scrimmaging. At the same time the dashing manly features of the Rugby game would not be lost, and drop picking at short intervals of leisure would continue to be one of the schoolmaster's best allies in keeping down lounging.

May I be allowed, in conclusion, to express a hope that you and the press following your lead will bear in mind how many *thousands* are constantly engaged in football who would otherwise be either uselessly and slowly parading streets or cooped up in stuffy rooms. In to-day's *Scotsman* I see accounts of 25 matches, implying a total of 750 players. I suppose that these do not represent a fourth of the matches played near Edinburgh and Glasgow last Saturday. *Whatever* game, vigorous enough to quicken the circulation, was played by these and many other thousands daily throughout the country, would cause some accidents. But I venture to say that more consumption will be caused by a few nights of midnight "gaiety," more bronchitis will be the result of a single big public funeral in bad weather, than there will be fatal accidents caused by a whole season's football. It is quite right for those who have the guardianship of the public health to attack the abuses of football; but in its most dangerous form it will be found a mild offender when *all* our social habits, customs, and prejudices are brought to trial, as they should be, at the bar of physiology.

I am, Sir, your obedient servant,

Loretto, Musselburgh, Nov. 6th, 1876. HEAD MASTER.

To the Editor of THE LANCET.

SIR,—In your article on Football of Oct. 21st, evidence is produced calculated to disparage the "Rugby," or, more properly expressed, the Rugby union rules only. This is manifestly unfair, and I therefore forward a list of cases coming under my immediate notice during the past and present season in this shire, where the game is only played according to the Association rules:—Seven cases of fracture of clavicle; one case of fracture of leg; one case of fracture of forearm. When these results are compared with the number of individuals playing football in this neighbourhood, the conclusion arrived at is that accidents are very common. All the injuries I have quoted were the direct outcome of "charging"; and if this were abolished, "Association football" would be reduced to such a pass that all interest in the game would end.

Are accidents more common in the game as played under the Rugby union rules than when the Association code is followed? From an extensive knowledge of the former in the vicinity of London, compared with my experience of the latter here, I am inclined to think that there is practically little to choose between the two. If the matter be considered in a fair and impartial manner, some benefit may accrue from the discussion courted by your article; but unless this course be pursued, the paper warfare which has been carried on for at least two seasons will prove entirely futile, no remedy being found for what is undoubtedly a matter quite worthy of consideration. In dealing with the question, however, the object to be attained should be to minimise the accidents, as a complete abolition could only be procured by a loss to Englishmen of what is a healthy and invigorating pastime. No English sport is entirely free from risk. Why should this one be expected to be? I am, Sir, yours truly,

G. E. POWER,
Assistant Resident Surgeon, General Hospital,
Nov. 4th, 1876. Nottingham.

To the Editor of THE LANCET.

SIR,—*Apropos* of your article on Football, and the accidents resulting therefrom, a case occurred in this practice last week at the Milford Schools near here, where a lad, whilst "charging," was violently thrown on his wrist, and sustained a "Colles' fracture."

I am, Sir, yours truly,

Belper, Nov. 8th, 1876. W. R. EASON.

THE QUININE FLOWER.

THE quinine flower, a native of Florida, is an annual from twelve to eighteen inches high, with an erect green stem, linear leaves of about one-half to one inch in length, and small white flowers. It belongs to the natural order *of Gentianaceæ*, and is found chiefly in flat pine woods. The *American Journal of Pharmacy* for October says that in parts of the country it is successfully employed for the cure of different types of malarious fever, the whole plant being used either in the form of decoction or extract, and given *ad libitum*, or until the patient feels the usual effects of quinine in the head, such as tension, fulness, ringing in the ears, &c. Its reputation as an antiperiodic was established during the late war, when, owing to the scarcity of quinine, every opportunity was offered for trying the value of substitutes. The quinine flower is intensely bitter, and yields its principles to water and alcohol. A saturated tincture, in doses of one teaspoonful every two hours, was found sufficient to arrest febrile paroxysms. It would seem desirable that an attempt should be made to introduce the plant into this country. We have little doubt that it could be successfully cultivated.

W., (Linton.)—No such case has been reported.

CASE OF STRANGULATED INGUINAL HERNIA; HERNIOTOMY.

To the Editor of THE LANCET.

SIR,—Perhaps the most noteworthy feature of the following case is the absence of constitutional disturbance in a person the subject of such grave local injury. This was for the most part due, I believe, to the careful removal of every bit of omentum that was gangrenous, or nearly so, before the ligatured stump was returned into the abdomen, and to the immediate free administration of opium.

Sept. 6th, 1876.—Kooiem, a small, spare Hindoo coolie, was admitted into the Municipal Civil Hospital with symptoms of strangulated hernia (inguinal) of right side. Bowels not moved for five days; stercoroceous vomiting; pulse quick and hard; abdominal pain and tenderness, with tympanitic swelling; a tense, shining, elastic swelling of right scrotum, the size of a cricket-ball. It was evidently worse than useless to attempt the taxis with such a history and symptoms. The man was therefore at once put well under the influence of chloroform, and an incision of two and a half or three inches made over the apparent seat of stricture. The sac was opened, and four ounces of bloody serum escaped. The scrotum was packed tight with a sharply-bent knuckle of intestine and gangrenous omentum. The bowel was congested only, apparently having been protected by the omentum, which was adherent to it and also to the sac, the neck of which was the seat of stricture. This was divided on a director. The adhesions between the bowel, omentum, and sac in the scrotum were broken down with the finger, a handful of gangrenous omentum was removed with scissors, and a ligature applied to a part of the stump where there was some bleeding. The bowel was first returned, and then the stump of the omentum, with the ends of the ligature cut short. The edges of the wound were then brought together with five sutures and strapping; oiled lint, pad, and bandage were applied. Ordered opium, two grains, to be given after an hour.

7th.—Vomited twice during the night, otherwise slept well. Pulse 75; abdomen slightly tympanitic, but no pain or tenderness; legs not drawn up. Ordered two grains of quinine and one grain of opium in a pill, to be given every four hours; milk diet.

8th.—Bowels not moved. Ordered one ounce of castor oil and ten minims of tincture of opium at once.—7 P.M.: Bowels not moved; pulse 100; no increase of tympanites or abdominal tenderness. Repeat castor oil and opium at once.

9th.—Bowels moved twice last night and twice this morning, not having been moved for the nine previous days; pulse 85. Ordered one grain of opium and two grains of quinine in a pill three times a day; wound to be poulticed.

10th.—Pulse 85; wound discharging freely. Omit medicine. Rice diet and mutton; pepper-water.

12th.—Doing well; pulse 75; sutures removed from wound; the discharge is profuse, but healthy.

14th.—Doing well; appetite good.

21st.—Wound healing.

30th.—Wound healed. Discharged with a truss.

I remain, Sir, yours truly,

JOHN NORTH, Surgeon,
Oct. 2nd, 1876. Acting Civil Surgeon, Coimbatore.

X. Y. Z.—The Executive Committee of the General Medical Council, as appointed at their last meeting, are: Dr. Acland, Dr. Pitman, Dr. Andrew Wood, Dr. Aquilla Smith, Dr. Humphry, Dr. Quain, and Mr. Simon.

LONDON WATERS.

To the Editor of THE LANCET.

SIR,—If I correctly understand the remarks of Dr. Ginders concerning the analysis of the London waters (contained in your last number), his argument is to the effect that a previous knowledge of the source—from deep wells or from elsewhere,—whence a given sample of the water is derived, becomes necessary for determining whether the evidences of "previous sewage or animal contamination," disclosed by analysis as being present in such water, are to be accepted as indicative of "pollution," or to be "safely disregarded" as the "marrowless bones" of the "skeleton of sewage." Of what value, then, becomes the unerring scientific solution of the question when passed through the filter of a foregone conclusion? Moreover, is it "generally admitted" that a large amount of nitrates and nitrites in water necessarily affords proof of "previous sewage contamination"? The large amount present in the Kent water, which has been accepted as a relative standard of purity, would seem to imply, if it does not prove, the negative of the proposition. And are not the ultimate products of nitrogenous matters in water as likely, or more likely, to be derived from a vegetable than from an animal origin?

I remain, Sir, your obedient servant,

GEORGE E. NICHOLAS, M.D.,
Medical Officer of Health for Wandsworth.
Church-row, Wandsworth, Nov. 7th, 1876.

"REMARKABLE PRECOCITY IN THE BOVINE TRIBE."

UNDER this heading Mr. L. T. Barker, M.R.C.V.S., records, in the *Veterinary Journal* of the present month, a singular case in which a young cow, a black-polled Scot, nine days short of one year old, was delivered of a calf. The parturition was accomplished with considerable difficulty, owing to the smallness of the pelvis and other parts, and the calf had to be cut almost to pieces in the process of extraction. The mother, however, recovered perfectly.

Mr. C. S. Richardson.—Snellen's test-type may be obtained from Williams and Norgate, Henrietta-street, Covent-garden. The best instruments for testing the hearing are a watch and a tuning-fork.

F. H. W. T.—Yes.

Physiologist.—A valuable communication on the subject of the formation of ova in the fœtal ovary was made some months ago by Dr. Foulis to the Royal Society of Edinburgh, a notice of which appeared in THE LANCET of March 11th last.

A Parent should consult a medical practitioner.

PHOSPHORUS PILLS.

To the Editor of THE LANCET.

SIR,—My name having been mentioned in THE LANCET in connexion with my having first noticed the insolubility, or rather the indigestibility, of the phosphorus pills of the Appendix to the British Pharmacopœia, for the information of your readers will you kindly republish the formula which I have now used for upwards of ten years. It was devised by me at the request of the late Mr. Morson, who had been asked by Dr. Tilbury FOX to supply the want—a convenient mode of administration of phosphorus, and was first published in the *Pharmaceutical Journal*, Nov. 19th, 1876:—

"Phosphorus is sometimes ordered in a pilular form; and to exhibit it in that condition, oil of theobroma is a good excipient. One per cent. of phosphorus may be readily dissolved in this by the following process:—Having melted the oil contained in a wide-mouthed bottle placed in a water-bath, add the phosphorus, and partially closing the mouth of the bottle, heat till this too melts, and the temperature of the mixture becomes about 180° F. Then cork it tightly, and with a little brisk agitation the phosphorus will dissolve almost immediately. Allow the fluid to cool and solidify; and having in this condition divided it into suitable lots for rolling, beat each in a mortar to render it plastic before applying it to the machine, and work off quickly. A three-grain pill will contain 1-33rd of a grain of phosphorus. They may be coated with a solution of sandarach in absolute alcohol in the following manner:—Place the pills in a covered pot, and pour upon them a few drops of the solution, agitate well, and turn them out upon a slab, separate them from each other, and allow them to dry in the air. This gives them a tolerable impervious coating. This process of coating may be repeated if necessary."

It is better to heat the oil previous to use, to free it from all aqueous moisture.

These pills, of which I send you a sample herewith, have been found successful both in hospital and private practice. Their manipulation requires care; but they have the advantages (1) of the phosphorus being in *solution*, (2) of melting below the temperature of the body, and (3) of the formula being published. The mass may be kept a reasonable time if in a stoppered bottle, with the neck well greased to prevent admission of oxygen from the air; but both it and the pills are better as freshly prepared as possible, and kept from the light in a cool place—not on the mantel-piece of an ordinary sitting-room, else they readily liquefy.

Next to the phosphorated almond oil, which is perhaps the most stable solution of phosphorus, I believe these pills, if carefully and freshly prepared, produce from a given dose of phosphorus more medicinal effect than the other preparations of it in general use. This requires to be borne in mind in prescribing, as in one class of the pills mostly sold the phosphorus exists in only a minutely divided condition, and as it requires a temperature of 110° F. to liquefy it, it is probable that not much of it is absorbed; in another class of pills the solvents are resins with which phosphorus is apt to form combinations that may modify its physiological action. Phosphorated cod-liver oil is uncertain, as I notice it quickly deposits its phosphorus in a changed condition, and the gelatine globules of phosphorated oil, largely sold, are irregular in size and strength; so that the conclusion I have arrived at is, if patients cannot be got to take phosphorated almond oil, the formula I have given, although it is by no means a perfect one, is perhaps the best for general use.

Your obedient servant,

New Cavendish-street, Nov. 6th, 1876. W. MARTINDALE.

L.R.C.P. Lond.—It is the fact, as our correspondent points out, "that there are now upwards of twenty-one thousand names on the Register, and that the Council have received *from the profession*, during the past eighteen years, upwards of £100,000," the profession having received little in return except the privilege of prosecuting quacks at their own private expense. This is not a great favour to be grateful for; but we fail to see how "L.R.C.P." or any other medical man can suppose this or any other consideration of equity would deter the Council from appointing a non-medical Registrar. Other correspondents on the same subject, some of whom enclose testimonials showing the medical candidates were efficient as well as numerous, must accept this acknowledgment of their communications.

Mr. R. H. Owen.—1. There is no such title.—2. There is no such office. The gentleman in question may have assisted in the preliminary examination of candidates for the diploma; but the use of the title is quite indefensible.

Ozone.—Not worth noticing.

Meledonus.—The first part of the communication should be addressed to the *Pharmaceutical Journal*.

"ERYSIPELAS FOLLOWING VACCINATION."

To the Editor of THE LANCET.

SIR,—In your issue of Oct. 28th appears a short comment referring to the deaths of two children in Liverpool from the effects of "erysipelas following vaccination." It is to be hoped that some satisfactory explanation will be given by the public vaccinator, for it is such cases (more especially if passed over lightly) which are so inimical to the true interests of vaccination, for these cases form the chief topic of debate among the anti-vaccinators. I have no doubt that these cases of erysipelas following vaccination are due to the bad surrounding hygienic conditions to which the children are subjected. The Registrar-General, in his returns for 1861, reports two deaths from "erysipelas following vaccination." It is a well-known fact that in unhealthy children the slightest wound may give rise to erysipelas; add to this, inattention to the simplest sanitary laws, such as impure air, overcrowding, and want of due attention to the natural secretions of the child during the vaccinial fever, and you have a potent cause. I can speak from some experience on the subject, having lost a child from the effects of "erysipelas following vaccination." I vaccinated several children, together with my own, with lymph taken from a healthy child. The other children all did well; my child was attacked with erysipelas on the seventh or eighth day, and died in five days. The child was in robust health when vaccinated, and the operation was performed with a new lancet. I attribute the erysipelas solely to the effects of the bad sanitary condition of the premises, the yard being surrounded by piggeries, middens, and a stable, and there being no system of drainage in the district; the effluvium at times is very offensive. The child passed through the yard daily from the time of vaccination to the commencement of the erysipelas, and I have not the least doubt that the poisoned air was the sole cause of the disease. The only apology I can offer for trespassing so much upon your valuable space is the great importance of the subject, not only to the profession, but to the community at large.

I am, Sir, yours truly,

W. H. WRIGHT, L.K.Q.C.P., &c.

Skelmersdale, near Ormskirk, November 2nd, 1876.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Farr, London; Mr. Le Neve Foster, London; Dr. Corfield, London; Dr. Blanc, Bombay; Mr. Power, Nottingham; Mr. Breddon, Ventnor; Mr. Cooper, London; Mr. Martindale, London; Mr. Linton, London; Mr. Harley, Haverstock-hill; Mr. M'Calman, Stone; Mr. Steele, Clifton; Mr. Tirard, London; Mr. T. Cooke, London; Mrs. Taylor, St. Helens; Dr. Philipson, Newcastle-on-Tyne; Mr. Cole, Timaru, New Zealand; Mr. Caldwell, Dunedin, New Zealand; Dr. Powell, London; Mr. Whistler, London; Mr. Wilson, Galicia, Spain; Mr. Hitchcock, London; Mr. Gilruth, Edinburgh; Dr. Fowler, New York; Mr. Taylor, Emsworth; Mr. Biden, London; Mr. Diver, South Kensington; Mr. Lamb, Hull; Mr. Worger, Redstock; Mr. Richardson, Sheffield; Mr. Blumer, Sunderland; Dr. Payne, Calcutta; Mr. Wright, Skelmersdale; Mr. N. Davies-Colley, London; Dr. Nicholas, Wandsworth; Mr. Whorry, London; Mr. Pewson, London; Mr. Purvis, Greenwich; Mr. Weaver, London; Mr. Ralfe, Northampton; Mr. Owen, London; Mr. Frye, London; Mr. R. Johnson; Dr. Francis, Sutton; Mr. Erson, Belper; Mrs. Lumsden, Rugby; Dr. Glyn, Birkenhead; Mr. Campbell, Newport; Mr. Balcombe; Mr. A. Linskill, Scarborough; Mr. Maitland, Lincoln; Mr. Broad, Stone; Dr. Thompson, Hull; Mr. Gill, Edmonton; Mr. Rimmington, Bradford; Dr. Armistead, Cambridge; Mrs. Hay, West Cowes; Dr. Sheaf, Barrow-in-Furness; Dr. Dunlop, Woodbridge; Dr. Lockhard; Mr. and Mrs. German Reed; Mr. Edmans, Chatteris; Mr. Ward, Huntingdon; Mr. Harries, Shrewsbury; Mr. Callaghan, Belfast; Mr. Penfold, Croydon; Mr. Clayton, York; Mr. Hooper, Mold; The Registrar-General of Edinburgh; L.R.C.P. & S.; Midland; Ozone; Head Master; Medicus; A Parent; C. B.; Querist; W. B.; A Medical Student; A Liberal; N. E. A. H.; Delta, Dorchester; Meledonos; A Constant Reader; M.D., M.R.C.S.; A Subscriber; L.M.; General Practitioner; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Holman, Keighley; Dr. Wilson, Glasgow; Mr. Ottoway, Salisbury; Dr. Arnison, Newcastle-on-Tyne; Mr. Lewis, Dover; Mr. Sparrow, Chichester; Dr. Anderson, Cramlington; Mr. Grant, Birmingham; Dr. Granger, Glasgow; Mr. Dearden, Great Harwood; Mr. Scott, Penrith; Mr. Jones, Dowlais; Mr. Morris, Swansea; Mr. Tomalin, Northampton; Mr. Tait, Birmingham; Messrs. J. and H. Grace, Bristol; Mr. Smoothy, Braintree; Mr. Gasbutt, Gateshead; Mr. Kershaw, London; Mr. Johnston, Glasgow; Mr. White; Mr. Satterthwaite, Lancaster; Dr. Eberle, Easingwold; Dr. Hare, Freshwater; Mr. Boyden, Stockwell; Dr. Huggard, Wexford; Mr. Bedford, Amersham; Mr. Dixon, Leeds; Mr. Ellis, Hawkhurst; Dr. Jones, Dolgelley; Mr. Morris; Mr. Hind; Messrs. Head; Mr. Wall, Wigan; Dr. Crowther, Luddenden; Mr. Whitley, Keighley; Mr. Kenyon; M.R.C.S., Macclesfield; A. Z., Amersham; Medicus, Grimsby; W. H. M., Burnley; L.S.A., Sheffield; Medicus, Wickham Market; Chirurgus; S. S. R., Thrapson; X. Y. H.; H. C. G., Uckfield; Medicus, Preston; B. D., Bradford; Medicus, Glasgow; L. M.; R. M. A., Leeds; Medicus; Solicitor; Medicus, Newport; Partnership, Exeter; Visiting Physician; Medicus, Walsall.

Surrey Advertiser, Metropolitan, Liverpool Post, Western Morning News, Lincolnshire Chronicle, Liverpool Mercury, Newcastle Chronicle, Manchester Guardian, East London Observer, Oxford Times, Scarborough Post, West London Observer, Buxton Advertiser, Record, Lyttleton Times, Eastern Morning News, Sunderland Daily Echo, Cork Constitution, Yorkshire Post, Glasgow Herald, Leeds Mercury, Southport Visitor, and *Runcorn Guardian* have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, NOV. 9TH, 1876.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
Nov. 3	30·29	N.W.	42	43	...	53	38	...	Foggy
,, 4	30·25	N.W.	51	52	...	55	41	0.16	Foggy
,, 5	30·32	N.W.	48	50	...	56	46	0·06	Overcast
,, 6	30·23	N.	48	51	...	58	49	...	Cloudy
,, 7	30·18	N.E.	38	40	...	47	37	...	Bright
,, 8	30·11	N.	35	37	...	44	33	...	Foggy
,, 9	29·99	E.	34	36	...	...	34	...	Foggy

Medical Diary for the ensuing Week.

Monday, Nov. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 3 P.M.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. "Three Cases of Subcutaneous Osteotomy" (communicated): two performed by Dr. John Ashurst, and one by Dr. Ewins Mears (New York). — Dr. Crisp, "On Croupal Membrane."—Dr. Dick, "On Division of Urethral Stricture by Cutting."

Tuesday, Nov. 14.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 8½ P.M. Sir Jas. Paget (President), "On a form of Chronic Inflammation of Bones (Osteitis Deformans)," &c.

Wednesday, Nov. 15.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Nov. 16.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
HARVEIAN SOCIETY. — 8 P.M. Dr. Dowse, "On the Value of Jaborandi and Gelseminum Sempervirens as Therapeutic Agents."

Friday, Nov. 17.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Nov. 18.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NOTICE.

In consequence of THE LANCET being frequently detained by the Post Office when posted for places abroad *more than eight days after* publication, subscribers and others are reminded that such copies can be forwarded only as book packets, and *prepaid* as such.

TERMS OF SUBSCRIPTION TO THE LANCET.

POST FREE TO ANY PART OF THE UNITED KINGDOM.

One Year ..... £1 12 6 | Six Months £0 16 3

TO THE COLONIES AND INDIA.

One Year £1 14 8

Post Office Orders in payment should be addressed to JOHN CROFT, THE LANCET Office, 423, Strand, London, and made payable to him at the Post Office, Charing-cross.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under .....£0 4 6 | For half a page £3 13 6
For every additional line ... 0 0 6 | For a page 5 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

N.B.—All letters relating to Subscriptions or Advertisements should be addressed to the Publisher.

Agent for the Advertising Department in France—

Mons. DE LOMINIE, 208, Rue Grenelle St. Germain, Paris.